



Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent



600 Seventeenth Street
Suite 600 North
Denver, CO 80202

Medicaid Provider Services

303-534-0146
1-800-237-0757

Mailing Addresses

Claims & PARs

P.O. Box 30
Denver, CO 80201-0030

Correspondence, Inquiries &

Adjustments

P.O. Box 90
Denver, CO 80201-0090

Provider enrollment, Provider

information, Changes,

Signature authorization,

and Claim requisitions

P.O. Box 1100
Denver, CO 80201-1100

Medicaid Fiscal Agent Information on the Internet

coloradomedicaid.consultec-inc.com

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Practitioners

December 2000

Reference: B0000086

This bulletin completely replaces Medicaid Bulletin B0000057 (3/00).
Bulletin B0000057 should be discarded.

Practitioner HCFA and Local Codes

The Colorado Medicaid Program uses the Health Care Financing Administration's (HCFA) Common Procedural Coding System (HCPCS) to identify Medicaid services. HCPCS include codes in the *Physicians' Current Procedural Terminology* (CPT), codes developed by HCFA and Medicare, and "local" codes developed by the Department of Health Care Policy and Financing specifically for the Colorado Medicaid Program.

Effective for services provided on and after January 1, 2001, providers should use the codes listed in this bulletin when billing practitioner services. Insert this bulletin into the Medicaid Provider Manual for reference.

Contents

INTRODUCTION	2
SUPPLIES PROVIDED BY THE PRACTITIONER.....	4
BIOLOGICALS, DRUGS & SOLUTIONS ADMINISTERED OTHER THAN ORALLY.....	5
INJECTABLES.....	6
Epoetin Alpha (EPOGEN) (PROCRIT)	19
Chemotherapy agents	20
Inhalation drugs and solutions.....	22
Other therapeutic or diagnostic medical injection, instillation or infusion services	24
MEDICAL SCREENING - EARLY & PERIODIC SCREENING, DIAGNOSIS & TREATMENT (EPSDT) PROGRAM BILLING INFORMATION.....	26
Synagis	26
MEDICINE.....	287
GASTROINTESTINAL.....	27
OTORHINOLARYNGOLOGIC SERVICES	27
CARDIOVASCULAR, MEDICAL.....	29
CHEMOTHERAPY SUPPLIES AND ADMINISTRATION	29
PSYCHIATRY	30
PHYSICAL MEDICINE.....	31
RADIOLOGY.....	33
LABORATORY	36
ANESTHESIA.....	35
INTEGUMENTARY.....	36
RESPIRATORY	36
CARDIOVASCULAR, SURGICAL.....	39
DIGESTIVE, SURGICAL.....	37
MUSCULOSKELETAL	40
URINARY	37
MALE GENITAL.....	40
FEMALE GENITAL.....	40
OPHTHALMOLOGY.....	38
PROSTHETICS & ORTHOTICS.....	38
VISION EYEWEAR.....	39
Frames	39
Single vision lens.....	39
Bifocal lens.....	40
Trifocal lens.....	41
Polycarbonate lens.....	45
Variable asphericity lens.....	46
Contact lens	43
Low vision aids	47
Ocular prosthetic.....	47
Intraocular lens.....	44
Other lens service.....	48
INDEX.....	46

Introduction

Please read the following information carefully:

Colorado Medicaid claims must be submitted electronically through the Automated Medical Payments (AMP) system.

Electronically mandated claims submitted on paper are processed, denied, and marked "Electronic Filing Required."

Exceptions to electronic filing include:

- Claims from providers who consistently submit fewer than 10 claims per month.
- Claims with service dates more than 365 days old.
- Claims that, by federal or state policy or regulation, require attachments.
- Reconsideration claims.

AMP claims: Submit AMP interactive practitioner services on the electronic Colorado 1500 laboratory format using HCPCS. Submit EPSDT medical screening services on the electronic EPSDT claim format, using HCPCS.

Paper claims: If paper claim submission is required, practitioners must submit charges on the Colorado 1500 claim form using HCPCS. EPSDT providers must submit charges on the EPSDT paper claim form, using HCPCS.

HCPCS codes include codes in the current CPT edition, supplemental codes developed by HCFA and Medicare, and codes developed by the Department of Health Care Policy and Financing specifically for the Medicaid program. The Medicaid program adds and deletes codes as they are published in the current CPT and annual HCFA coding bulletins. Unless otherwise noted, use HCFA codes only when CPT codes are not available.

Code Column: HCFA and local codes consist of a letter followed by four numbers. Read the entire entry to determine the benefit status of the item. Medicaid authorized codes may not correspond to codes approved for Medicare billing. This list contains Medicaid approved HCFA and local codes. Codes that do not appear in CPT or this listing are not benefits of the Colorado Medicaid Program.

Modifiers: Procedure code modifiers describe circumstances which may alter payment. The following modifiers are valid for use with HCPCS codes in this coding bulletin and must be used when applicable. Modifiers which affect the way the claim payment is calculated **must be entered in the first modifier position**. The following reference information identifies the pricing modifiers. Please review the information carefully.

** Indicates that when the modifier is used, it must be entered into the first modifier position on the electronic claim record. If two modifiers are used and both modifiers have **, either modifier may be placed in the first position.

-24	Unrelated evaluation and management service by the same physician during a postoperative period	The physician may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding the modifier –24 to the appropriate level of E/M service.
-26**	Professional component	Use when the professional component is performed separately.
-TC**	Technical component	Use when the technical component is performed separately.
-47**	Anesthesia by surgeon	Use to identify general or regional anesthesia by the operating surgeon. Allowance for local anesthesia is included in the surgical payment and is not billable separately.
-50**	Bilateral procedure	Unless otherwise identified in CPT, bilateral procedures requiring a separate incision performed at the same operative session are billed by listing the CPT surgical code describing the first procedure on one claim line. The second (bilateral) procedure is identified on a separate claim line by adding modifier -50 to the procedure code.
-51	Multiple procedures	When multiple procedures, other than evaluation and management services, are performed on the same day or at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending the modifier –51 to the additional procedure or service code(s).
-62	Two surgeons	The skills of two surgeons may be required in the management of a specific surgical procedure. Under such circumstances, the separate services may be identified by adding the modifier –62 to the procedure number used by each surgeon for reporting his services.

Note: No reimbursement for assistant surgeon during operative session by either provider.

-76	Repeat procedure by same physician	When a service is rendered more than once per day by the same provider and billed on separate billing lines, use modifier –76 to identify <u>subsequent</u> occurrences of the same service.
-77	Repeat Procedure by another physician/provider	If a service is provided more than once per day by different rendering providers, use modifier -77 to identify subsequent occurrences of the same service on the same date.
-79	Unrelated procedure or service by the same physician during postop period	Use to identify unrelated procedures and services provided by the operating surgeon during the postoperative period.
-80**	Assistant surgeon	Use to identify assistant surgeon services.
-81	Minimum assistant surgeon	Minimum assistant surgeon services are identified by adding modifier -81 to the procedure code.
-91	Repeat clinical diagnostic laboratory test	When it is necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results, the laboratory test performed can be identified by its usual procedure number and the addition of the modifier “-91”. This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient. <i>Note: This modifier may not be used (a) when the tests are rerun to confirm initial results, (b) due to testing problems with specimens or equipment, (c) for any other reason when a normal, one-time, reportable result is all that is required, or (d) when other code(s) describe a series of test results (e.g., glucose tolerance tests, evocative/suppression testing).</i>
-XE	Medicare non-benefit routine footcare	Use to identify routine podiatric footcare services that are not covered by Medicare.
-XL	Specimen handling & conveyance from one laboratory to another	Use to certify that the necessary laboratory equipment was not functioning or that the lab is not certified to perform the test.
-XN	Inpatient newborn services billed using mother's state ID & birth date	Use to identify inpatient physician services rendered to newborn infants while mother remains in the hospital.
-XV	Surgery related eyewear	Use with eyewear codes to certify eyewear is being provided following eye surgery. Eye surgery may have been performed at any time during the patient's life. Use with each applicable code.

Narrative column: A description of the service. When appropriate, the description defines the billing unit. Example: J0120 Injection, Tetracycline, up to 250 mg. One unit represents an injection of 250 mg or less. When billing for a higher dosage than listed, increase the number of units to correspond to the dosage administered. Bill using whole numbers only, no fractions and no decimals.

Benefit column: The current benefit status of the item. The notation "Deleted" means that the code is invalid effective the day following the date shown in the "Comments" column. Example: Codes that are deleted effective 12/31/00 are invalid for billing services provided on or after 01/01/01. Newly added codes become effective on the date shown. Example: Codes showing an effective date of 01/01/01 may be submitted for services provided on or after 01/01/01.

Comments Column: Expands on the description, identifies required special billing instruction and procedures requiring prior authorization.

Prior Authorization Requests (PARs) must be approved before claims are submitted. PAR approval does not guarantee Medicaid payment and does not serve as a timely filing waiver. PAR approval only assures that the service has been identified as medically necessary. All billing and eligibility requirements must be met before reimbursement is made. Prior authorization does not apply to Medicare crossover claims. If Medicare approves benefits, Medicaid will consider Medicare coinsurance and deductible. If Medicare does not provide benefit for an item, all applicable Medicaid billing requirements (including prior authorization if indicated) must be met.

This listing is divided into sections to assist providers who bill for specific types of service. If you have questions about billing or the use of the listing, please contact Medicaid Provider Services.

Medicare crossover claims

Medicaid clients may qualify for Medicare benefits because of age or disability. Individuals who have Medicare coverage and Medicaid entitlement are called “dually eligible.” The Colorado Medicaid program administers very specific policies to coordinate benefits for Medicare-covered Medicaid clients.

New HCPCS codes beginning with “C” may be submitted to Medicare and are processed by Medicaid on crossover claims **only**. “C” codes are **not** benefits of the Colorado Medicaid program.

Supplies provided by the practitioner

Nonbillable routine supplies and materials - Included in related medical/surgical fees - Do not bill for these supplies

The cost of these supplies is included in the payment for related medical or surgical services

Absorbent pads or sponges	Gloves (Sterile or nonsterile)	Saline for administration of drugs
Alcohol swabs	Liquid nitrogen	Suppository medications
Anesthetics (topical or local)	Non-adhering dressings (Telfa, etc.)	Suture supplies
Band-aids	Oral medication	Swabs
Betadine	Oxygen	Syringes & needles (Except Trocar needles)
Cotton balls	Peroxide	Tape
Eye patches	Saline for irrigation of wounds and catheters	Tongue blades
Gauze pads		

Billable non-routine supplies - Use individual HCPCS codes

The following supplies must be billed as individual claim lines. The billed amount should reflect the provider's usual and customary charge

A4212 - Non coring needle (Huber)	A7003 - Administration set with small volume nonfiltered pneumatic nebulizer, disposable
A4220 - Refill kit for implantable infusion pump	A7004 - Small volume nonfiltered pneumatic nebulizer, disposable
A4221 - Supplies for maintenance of drug infusion, catheter, per week (list drug separately)	A7006 - Administration set with small volume filtered pneumatic nebulizer
A4222 - Supplies for external drug infusion pump, per cassette or bag (list drug separately)	E0100 - Cane, all materials
A4230 - Infusion set for external insulin pump, non-needle cannula type. Requires prior authorization and copy of invoice .	E0112 - Crutches, underarm, adjustable or fixed, wood, pair
A4231 - Infusion set for external insulin pump, needle type. Requires prior authorization and copy of invoice .	E0114 - Crutches, underarm, adjustable or fixed, aluminum, pair
A4262 - Temporary, absorbable lacrimal duct implant, each	E0780 - Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours. Requires prior authorization and copy of invoice .
A4261 - Cervical cap for contraceptive use	E0785 - Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement
A4263 - Permanent, long term, non-dissolvable lacrimal duct implant, each	J7300 - Intrauterine copper IUD (Para Gard)
A4270 - Disposable endoscope sheath, each	X2305 - Intrauterine progesterone IUD (Progestasert)
A4460 - Ace bandages	L0120 - Cervical Collar, flexible, non-adjusting
A4465 - Non-elastic binder for extremity	L4350 - Pneumatic ankle control splint (aircast), prefabricated, includes fitting and adjustment
A4550 - Surgical trays	L4360 - Pneumatic walking splint (aircast), prefabricated, includes fitting and adjustment
A4560 - Pessary (invoice required) – Deleted 12/31/00. See A4561, A4562.	L4370 - Pneumatic full leg splint (aircast), prefabricated, includes fitting and adjustment
A4561 - Pessary, rubber, any type (Effective 01/01/01)	L4380 - Pneumatic knee splint (aircast), prefabricated, includes fitting and adjustment
A4562 - Pessary, non rubber, any type (Effective 01/01/01)	S1015 - IV tubing extension set (Effective 01/01/01)
A4565 - Slings	S1016 - Non-PVC (Polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC e.g. Paclitaxel (Effective 01/01/01)
A4570 - Splints/immobilizer	X2265 - Home IV pump rental, per day
A4580 - Cast supplies (e.g., plaster)	
A4590 - Special casting material (e.g., fiberglass)	
A4614 - Peak Expiratory Flow rate meter, hand held	

Billable non-routine supplies - Use 99070 procedure code

Submit claims for these items and any other supplies not listed above using procedure code 99070. Claims must be submitted on paper. Describe the item(s) and enter the cost of the item(s) provided. If the cost is over \$25.00, attach a copy of the vendor's invoice.

Cast shoe	Collagen plugs	Gastrostomy buttons	Meter chambers	Plastic haggard dilators
Catheters, urinary	Corneal bandage lens	G&S disposable dilators	Nasogastric tubes	Porcine dressing
Chemotherapy supplies	Diaphragm	Grosshans catheter	Nebulizer	Surgical shoes
Clavicle strap	Duoderm	Inhalation therapy mask	Patellar stabilizer	Trocar needles

Nonbenefit supplies, materials & equipment - Not a benefit when provided by a physician/practitioner

The following items are not benefits of the Medicaid Program when provided by a physician:

Braces	Heel cups	Self-help devices
Exercise equipment	Prosthetics	

Biologicals, drugs & solutions administered other than orally

Billing information

With the exception of oral immunizations, the cost of oral medication provided by a physician is included in the medical service payment. Except for chemotherapy agents and immunizations distributed at no cost by the Department of Public Health and Environment for children, the benefit for injections & immunizations covers the cost of medication, associated supplies & administration. Chemotherapy administration is billed separately from chemotherapy drugs & agents. When billing for injections & immunizations, please observe the following:

1. Injections are usually provided in conjunction with an evaluation/management (E/M) service. If an injection is the ONLY service performed, charges for a minimal medical service visit (CPT code 99211) may also be billed. If higher level E/M services are rendered, the provider should document the reason for care (diagnosis) & appropriate level of service (E/M code) on the claim. Reminder: Level of service identification is the responsibility of the medical professional. Providers are responsible for maintaining records documenting the full nature & extent of the services rendered to Medicaid clients.
2. Claims submitted using CPT therapeutic or diagnostic injection codes 90782-90799 are denied. Injections/immunizations must be billed using HCPCS codes which identify the drug or medication. If a drug or therapeutic agent is not identified by a specific HCPCS code, the claim must be submitted on paper using code J3490 & identifying the exact medication, strength, & dosage in field 30 (Remarks). Claims without complete medication identification are denied.
3. Bill immunizations using CPT codes in the ranges 90281-90399 and 90476-90749. **Note:** 90471-90472 Administration Codes are not a benefit of Medicaid and should not be billed.
4. Immunizations provided as part of the EPSDT medical screening service (initial, periodic, partial or interperiodic) should be billed in addition to the EPSDT medical screening code on the EPSDT claim form.
5. Bill for chemotherapy administration using CPT codes in the range 96400-96549. Chemotherapy drugs/agents must be billed using HCFA code(s) from this listing.
6. Medication codes identify a specific dosage or definition of the billing unit. Any dosage up to & including the amount specified represents one billing unit. If the dosage is greater than the dosage listed, increase the number of units accordingly by whole numbers. Example: J0120 Injection, Tetracycline, up to 250 mg. One unit represents an injection of 250 mg or less; more than 250 mg up to 500 mg equals 2 units, etc.

Pricing information for injectable drugs - Injectable drugs are reimbursed using average wholesale price + 10 percent + \$2.00 administration fee.

Immunization pricing

1. Immunization reimbursement

Medically necessary vaccines that are not provided to practitioners at no cost by the VFC or Infant Immunization program, as well as immunizations provided to adults, are reimbursed using the following formula: Average wholesale price (cost) of vaccine + 10 percent + \$2.00 for administration.

2. Pricing information for Medicare crossover claims

For Medicare crossover claims, Medicaid pays the Medicare deductible and coinsurance OR, the Medicaid-allowed benefit minus the Medicare payment, whichever amount is less. If Medicare's payment for immunization services is the same or greater than the Medicaid allowable benefit, no additional payment is available. If Medicare pays 100 percent of the Medicare allowable, no additional Medicaid payment is available.

3. Public health clinics – Administration, Recordkeeping, and Tracking (ART) fees

Public health clinics are eligible to receive vaccines at no cost from the Colorado Department of Public Health and Environment (CDPHE), for administration to eligible children from birth through age 20 years. The clinic may bill and be reimbursed \$2.00 for the ART fee for each immunization. Claims must be submitted using locally assigned X-codes to identify the immunization.

Immunization pricing (continued)

4. Private practitioners – Administration, Recordkeeping, and Tracking (ART) fees

Practitioners billing for immunizations to EPSDT-eligible children (newborn through age 20) where vaccine is available at no cost from the CDPHE are paid an ART fee of \$6.50 for each immunization.

5. Facility-based clinics

Facility-based clinics bill on the UB-92 or electronic institutional claim format. Facilities billing for immunizations given to EPSDT-eligible children using a vaccine that is available through the CDPHE receive an encounter rate and may not seek claim reimbursement for vaccine costs or the ART fee.

Code	Narrative	Benefit	Comments
Injectables			
J0130	Abciximab, 10 mg	Yes	
J1120	Acetazolamide Sodium, up to 500 mg	Yes	
S0071	Acyclovir Sodium, 50 mg	Yes	
J0150	Adenosine, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)	Yes	
J0151	Adenosine, 40 mg	Yes	
J0170	Adrenalin, Epinephrine, up to 1 ml ampule	Yes	Susphrine
J0200	Alatrofloxacin Mesylate, 100 mg	Yes	
J0205	Alglucerase, per 10 units	Yes	
J0256	Alpha 1 - Proteinase Inhibitor - Human, 10 mg	Yes	Prolastin
J0270	Alprostadil, per 1.25 mcg	Yes	
J2997	Alteplase Recombinant, 1 mg	Yes	Effective 01/01/01
J2996	Alteplase Recombinant, per 10 mg	Deleted	Deleted 12/31/00
J0207	Amifostine, 500 mg	Yes	Ethylol
S0072	Amikacin Sulfate, 100 mg	Yes	
S0016	Amikacin Sulfate, 500 mg	Yes	
X0045	Amiken, 125 mg	Deleted	Deleted 12/31/00 See S0016, S0072
S0017	Aminocaproic Acid, 5 grams	Yes	
J0280	Aminophylline, up to 250 mg	Yes	

Approved HCFA And Local Codes For Medicaid Billing – Practitioner Services

Code	Narrative	Benefit	Comments
J0282	Amiodarone Hydrochloride, 30 mg	Yes	Effective 01/01/01
J1320	Amitriptyline HCL, up to 20 mg	Yes	
J0300	Amobarbital, up to 125 mg	Yes	Amytal Sodium
J0285	Amphotericin B, 50 mg	Yes	
J0286	Amphotericin B, any lipid formulation, 50 mg	Yes	
J0290	Ampicillin Sodium, 500 mg	Yes	
J0295	Ampicillin sodium/sulbactam sodium, per 1.5 gm	Yes	Unasyn
X0002	Anestacon, 15 ml	Yes	
J0350	Anistreplase, per 30 units	Yes	Eminase
X0001	Ativan (Lorazepam) Inj, 2 mg/ml	Deleted	Deleted 12/31/00 See J2060
Q2003	Aprotinin, 10,000 kiu	Yes	Effective 01/01/01
J0395	Arbutamine HCL, 1 mg	Yes	
J0460	Atropine sulfate, up to 0.3 mg	Yes	
J2910	Aurothioglucose, up to 50 mg	Yes	Solganal
J7330	Autologous cultured chondrocytes, implant	Yes	Effective 01/01/01
X0003	Azactam, 500 mg	Yes	
X0004	Azactam, 1 gm	Yes	
X0005	Azactam, 2 gm	Yes	
J0456	Azithromycin, 500 mg	Yes	
S0073	Aztreonam, 500 mg	Yes	
J0475	Baclofen, 10 mg	Yes	
J0476	Baclofen, 50 mcg for intrathecal trial	Yes	
Q2019	Basiliximab, 20 mg	Yes	Effective 01/01/01 Simulect
J0510	Benzquinamide HCL, up to 50 mg	Yes	Emete-Con
J0515	Benztropine	Yes	
J0702	Betamethasone Acetate & Betamethasone Sodium Phosphate, per 3 mg	Yes	Celestone Soluspan
J0704	Betamethasone Sodium Phosphate, per 4 mg	Yes	Celestone Soluspan
J0520	Bethanechol Chloride, Myotonachol or Urecholine, up to 5 mg	Yes	

Approved HCFA And Local Codes For Medicaid Billing – Practitioner Services

Code	Narrative	Benefit	Comments
J0190	Biperiden, 2 mg	Yes	Akineton
J0585	Botulinum Toxin Type A, Per Unit	Yes	Botox. Bill per unit.
J0945	Brompheniramine Maleate	Yes	Dehist
X0006	Bumex, 0.5 mg	Yes	
S0020	Bupivacaine Hydrochloride, 30 ml	Yes	
S0009	Butorphanol Tartrate, 1 mg	Yes	
X0007	Calcijex, 1 mcg	Yes	
X0008	Calcijex, 2 mcg	Yes	
J0630	Calcitonin Salmon, up to 400 units	Yes	Calcimar
J0635	Calcitriol, 1 mcg amp	Yes	
J0620	Calcium Glycerophosphate & Calcium Lactate, per 10 mg	Yes	Calphosan
J0610	Calcium Gluconate, up to 10 ml	Yes	
J0690	Cefazolin Sodium, 500 mg	Yes	Ancef, Kefzol
J0695	Cefonocid Sodium, 1 gm	Yes	
J0698	Cefotaxime Sodium, per gm	Yes	
S0074	Cefotetan Disodium, 500 mg	Yes	
J0694	Cefoxitin Sodium, 1 gm	Yes	Claforan, Mefoxin
J0713	Ceftazidime, per 500 mg	Yes	Fortaz
X0010	Ceftazidime (Fortaz), 1 gm	Deleted	Deleted 12/31/00 See J0713
X0011	Ceftazidime (Fortaz), 2 gm	Deleted	Deleted 12/31/00 See J0713
S0021	Ceftoperazone Sodium, 1 gram	Yes	
J0696	Ceftriaxone Sodium, per 250 mg	Yes	Rocephin
J0715	Ceftrizoxime Sodium, per 500 mg	Yes	Cefizox
J1890	Cephalothin Sodium, up to 1 gram	Yes	Keflin
J0710	Cephapirin Sodium, up to 1 gram	Yes	Cefadyl
J0720	Chloramphenicol Sodium Succinate, up to 1 gm	Yes	Chloromycetin Sodium Succinate
J1990	Chlordiazepoxide HCL, up to 100 mg	Yes	Librium
J2400	Chloroprocaine HCL	Yes	Nesacaine & Nesacaine-CE

Approved HCFA And Local Codes For Medicaid Billing – Practitioner Services

Code	Narrative	Benefit	Comments
J0390	Chloroquine, up to 50 mg	Yes	Aralen HCL. Benefit only for diagnosed malaria or amebiasis.
J1205	Chlorothiazide Sodium	Yes	
J0730	Chlorpheniramine Maleate, up to 200 mg	Yes	Chlor-Trimeton
J3230	Chlorpromazine HCL, up to 50 mg	Yes	Thorazine
J3080	Chlorprothixene, up to 50 mg	Yes	Taractan
J0725	Chorionic Gonadotropin, per 1,000 USP units	Yes	Pregnyl, Profasi
J0740	Cidofovir, 375 mg	Yes	
J0743	Cilastatin Sodium: Imipenem, per 250 mg	Yes	
S0023	Cimetidine Hydrochloride, 300 mg	Yes	Tagamet
S0024	Ciprofloxacin, 200 mg	Yes	
X0012	Cleocin, 300 mg	Yes	
X0013	Cleocin, 600 mg	Yes	
X0014	Cleocin, 900 mg	Yes	
S0077	Clindamycin Phosphate, 300 mg	Yes	
J0735	Clondine Hydrochloride, 1 mg	Yes	
J0745	Codeine Phosphate, per 30 mg	Yes	
J0760	Colchicine, up to 2 mg	Yes	
J0770	Colistimethate Sodium, up to 150 mg	Yes	Coly-Mycin M
Q2005	Corticotropin Ovine Triflutate, per dose	Yes	Effective 01/01/01
J0800	Corticotropin, up to 40 units	Yes	ACTH
J0810	Cortisone, up to 50 mg	Yes	
J0835	Cosyntropin, per 0.25 mg	Yes	Cortrosyn
J0850	Cytomegalovirus Immune Globulin Intravenous (Human), per vial	Yes	Cytogram
J7513	Daclizumab, parenteral, 25 mg	Yes	
J1645	Dalteparin Sodium, per 2500 IU	Yes	
Y5135	Decadron L.A., 1 ml vial	Yes	
J0895	Deferoxamine mesylate, 500 mg	Yes	Desferal
J1000	Depo-Estradiol Cypionate, up to 5 mg	Yes	

Approved HCFA And Local Codes For Medicaid Billing – Practitioner Services

Code	Narrative	Benefit	Comments
J2597	Desmopressin Acetate, per 4 mcg	Yes	
J1100	Dexamethasone Sodium Phosphate, 1 mg	Yes	Delalone, Decadron
J1095	Dexamethasone Acetate, per 8 mg	Yes	Delalone, Decadron
X0015	Dexpanthenol, 2.5 gm	Yes	
J1190	Dexrazoxane Hydrochloride, per 250 mg	Yes	
J3360	Diazepam, up to 5 mg	Yes	Valium
J1730	Diazoxide, up to 300 mg	Yes	Hyperstat
J0500	Dicyclomine, up to 20 mg	Yes	Bentyl
Q2006	Digoxin Immune Fab (Ovine), per vial	Yes	Effective 01/01/01
J1160	Digoxin, up to 0.5 mg	Yes	
J1110	Dihydroergotamine, up to 1 mg	Yes	
J1240	Dimenhydrinate, up to 50 mg	Yes	
J0470	Dimercaprol, up to 100 mg	Yes	BAL in Oil
J1200	Diphenhydramine HCL, up to 50 mg	Yes	Benadryl
J1245	Dipyridamole, per 10 mg	Yes	
J1212	DMSO, Dimethyl Sulfoxide, 50%, 50 ml	Yes	
J1250	Dobutamine Hydrochloride, per 250 mg	Yes	
J1260	Dolasetron mesylate, 10 mg	Yes	
J1790	Droperidol, up to 5 mg	Yes	Inapsine
J1810	Droperidol & Fentanyl Citrate, up to 2 ml ampule	Yes	Innovar
J1180	Dyphylline, up to 500 mg	Yes	
J0600	Edetate Calcium Disodium, up to 200 mg	Yes	Calcium Disodium Versenate
J1650	Enoxaparin sodium, 10 mg	Yes	Lovenox
J1325	Epoprostenol, 0.5 mg	Yes	
J1327	Eptifibatide, 5 mg	Yes	
J1330	Ergonovine Maleate, up to 0.2 mg	Yes	Benefit limited to obstetrical diagnoses.
J1362	Erythromycin Gluceptate, per 250 mg	Yes	
J1364	Erythromycin Lactobionate, per 500 mg	Yes	

Approved HCFA And Local Codes For Medicaid Billing – Practitioner Services

Code	Narrative	Benefit	Comments
J1380	Estradiol Valerate, up to 10 mg	Yes	
J1390	Estradiol Valerate, up to 20 mg	Yes	
J0970	Estradiol Valerate, up to 40 mg	Yes	Delestrogen
J1410	Estrogen Conjugated, per 25 mg	Yes	
J1435	Estrone, per 1 mg	Yes	
J1438	Etanercept, 25 mg	Yes	
Q2007	Ethanolamine Oleate, 100 mg	Yes	Effective 01/01/01
J0590	Ethylnorepinephrine HCL, 1 ml	Yes	Bronkephrine HCL
J1436	Etidronate Disodium, per 300 mg	Yes	
S0156	Exemestane, 25 mg	Yes	Effective 01/01/01
S0028	Famotidine, 20 mg	Yes	
X0016	Fentanyl, 2 ml	Yes	
J3010	Fentanyl Citrate, 0.1 mg	Yes	Sublimaze
J1440	Filgrastim (G-CSF), 300 mcg	Yes	Neupogen
J1441	Filgrastim (G-CSF), 480 mcg	Yes	Neupogen
J1450	Fluconazole, 200 mg	Yes	
S0029	Fluconazole, 400 mg	Yes	
J2680	Fluphenazine Decanoate, up to 25 mg	Yes	Prolixin Decanoate
Q2008	Fomepizole, 1.5 mg	Yes	Effective 01/01/01
J1452	Fomivirsen Sodium, intraocular, 1.65 mg	Yes	Effective 01/01/01
J1455	Foscarnet Sodium, per 1000 mg	Yes	
Q2009	Fosphenytoin, 50 mg	Yes	Effective 01/01/01
S0078	Fosphenytoin Sodium, 750 mg	Yes	
J1940	Furosemide, up to 20 mg	Yes	Lasix
J1460	Gamma Globulin, Intramuscular, 1 cc	Yes	
J1470	Gamma Globulin, Intramuscular, 2 cc	Yes	
J1480	Gamma Globulin, Intramuscular, 3 cc	Yes	
J1490	Gamma Globulin, Intramuscular, 4 cc	Yes	

Approved HCFA And Local Codes For Medicaid Billing – Practitioner Services

Code	Narrative	Benefit	Comments
J1500	Gamma Globulin, Intramuscular, 5 cc	Yes	
J1510	Gamma Globulin, Intramuscular, 6 cc	Yes	
J1520	Gamma Globulin, Intramuscular, 7 cc	Yes	
J1530	Gamma Globulin, Intramuscular, 8 cc	Yes	
J1540	Gamma Globulin, Intramuscular, 9 cc	Yes	
J1550	Gamma Globulin, Intramuscular, 10 cc	Yes	
J1560	Gamma Globulin, Intramuscular, over 10 cc	Yes	
J1570	Ganciclovir Sodium, 500 mg	Yes	Cytovene
J1580	Garamycin, Gentamycin, up to 80 mg	Yes	
S0085	Gatifloxacin, 200 mg	Yes	Effective 01/01/01
J1610	Glucagon Hydrochloride, per 1 mg	Yes	
Q2010	Glatiramer Acetate, per dose	Yes	Effective 01/01/01
J1600	Gold Sodium Thiomaleate, up to 50 mg	Yes	Gold Sodium Thiosulfate, Myochrysine
J1620	Gonadorelin Hydrochloride, per 100 mcg	Yes	Factral
J1626	Granisetron Hydrochloride, 100 mcg	Yes	Kytril
J1630	Haloperidol, up to 5 mg	Yes	
J1631	Haloperidol Decanoate, per 50 mg	Yes	Haldol
Q2011	Hemin, per 1 mg	Yes	Effective 01/01/01
J1642	Heparin Sodium, (Heparin lock flush), per 10 units	Yes	
J1644	Heparin Sodium, per 1000 units	Yes	
Q2020	Histrelin Acetate, 10 mg	Yes	Effective 01/01/01
J3470	Hyaluronidase, up to 150 units	Yes	Wydase
J0360	Hydralazine HCL, up to 20 mg	Yes	Apresoline HCL
J2480	Hydrochlorides of Opium Alkaloids, up to 20 mg	Yes	Pantopon, Nalbuphine
J1720	Hydrocortisone Sodium Succinate, up to 100 mg	Yes	Solu Cortef
J1710	Hydrocortisone Sodium Phosphate, up to 50 mg	Yes	Hydrocortone Phosphate
J1700	Hydrocortisone Acetate, up to 25 mg	Yes	Biosone, Cortef Acetate, Fernisone, Hydrocortone Acetate
J1170	Hydromorphone, up to 4 mg	Yes	

Code	Narrative	Benefit	Comments
J1739	Hydroxyprogesterone Caproate, 125 mg/ml	Yes	
J3410	Hydroxyzine HCL, up to 25 mg	Yes	Vistaril
J7320	Hylan G-F 20, 16 mg, for intra articular injection	Yes	
J1980	Hyoscyamine Sulfate, up to 0.25 mg	Yes	Levsin
J1742	Ibutilide Fumarate, 1 mg	Yes	
J1785	Imiglucerase, per unit	Yes	Cerezyme
J3270	Imipramine HCL, up to 25 mg	Yes	Tofranil
J1562	Immune Globulin, intravenous (5 GMS)	Deleted	Deleted 12/31/00
J1561	Immune Globulin, intravenous, per 500 mg	Yes	
J1563	Immune Globulin, intravenous, 1 g	Yes	Effective 01/01/01
X0043	Infed, 100 mg	Yes	
J1745	Infliximab, 10 mg	Yes	
J1820	Insulin, up to 100 units	Yes	
J9212	Interferon alfacon-1, recombinant, 1 mcg	Yes	
J1825	Interferon Beta – 1A, 33 mcg	Yes	
J1830	Interferon Beta-1B, 0.25 mg	Yes	Betaseron
J1750	Iron Dextran, 50 mg	Yes	Imferon
S0096	Itraconazole, 200 mg	Yes	
J3365	IV, Urokinase, 250,000 IU vial	Yes	
J1850	Kanamycin Sulfate, up to 75 mg	Yes	Kantrex Pediatric
J1840	Kanamycin Sulfate, up to 500 mg	Yes	Kantrex
X0018	Ketamine, 20 mg	Yes	Ketalar
J1885	Ketorolac Tromethamine, per 15 mg	Yes	Toradol
J1910	Kutapressin, up to 2 ml	Yes	
Q2021	Lepirudin, 50 mg	Yes	Effective 01/01/01
J0640	Leucovorin Calcium per 50 mg	Yes	
J1950	Leuprolide Acetate (for depot suspension), per 3.75 mg	Yes	Lupron
J1955	Levocarnitine, per 1 gm	Yes	

Approved HCFA And Local Codes For Medicaid Billing – Practitioner Services

Code	Narrative	Benefit	Comments
J1956	Levofloxacin, 250 mg	Yes	
J1960	Levorphanol Tartrate, up to 2 mg	Yes	Levo-Dromoran
J2000	Lidocaine HCL, 50 cc	Yes	Local anesthesia cannot be billed with surgical procedures.
J2010	Lincomycin, up to 300 mg	Yes	Lincocin
J2060	Lorazepam, 2 mg	Yes	
J3475	Magnesium Sulfate, per 500 mg	Yes	
X0020	Magnesium Sulfate 10%, 20 ml	Yes	
X0021	Magnesium Sulfate 50%, 2 ml	Yes	
J2150	Mannitol, 25% in 50 ml	Yes	
X0022	Mazicon (Flumazenil), 5 ml	Yes	
J1055	Medroxyprogesterone Acetate for Contraceptive use, 150 mg	Yes	Depo Provera
J1050	Medroxyprogesterone Acetate, up to 100 mg	Yes	
J2180	Meperidine & Promethazine HCL, up to 50 mg	Yes	Mepergan
J2175	Meperidine, Hydrochloride, per 100mg	Yes	Demerol
J3450	Mephentermine Sulfate, up to 30 mg	Yes	Wyamine
J0670	Mepivacaine	Yes	Carbocaine. Local anesthesia cannot be billed with surgical procedures.
J0380	Metaraminol, up to 10 mg	Yes	Aramine
J1230	Methadone HCL, up to 10 mg	Yes	
J2970	Methicillin Sodium, up to 1 gram	Yes	Staphcillin
J2800	Methocarbamol, up to 10 ml	Yes	Robaxin
J1970	Methotrimeprazine, up to 20 mg	Yes	Levoprome
J3390	Methoxamine, up to 20 mg	Yes	Vasoxyl
J0210	Methyldopate HCL, up to 250 mg	Yes	Aldomet Ester HCL
J2210	Methylergonovine Maleate, up to 0.2 mg	Yes	Methergine Maleate. Benefit limited to obstetrical diagnoses.
J1020	Methylprednisolone Acetate, 20 mg	Yes	Depo-Medrol
J1030	Methylprednisolone Acetate, 40 mg	Yes	
J1040	Methylprednisolone Acetate, 80 mg	Yes	

Approved HCFA And Local Codes For Medicaid Billing – Practitioner Services

Code	Narrative	Benefit	Comments
J2920	Methylprednisolone Sodium Succinate, up to 40 mg	Yes	Solu-Medrol
J2930	Methylprednisolone Sodium Succinate, up to 125 mg	Yes	Solu-Medrol
J2765	Metoclorpramide HCL, up to 10 mg	Yes	Reglan
J2240	Metocurine Iodine, up to 2 mg	Yes	Metubine Iodine
S0030	Metronidazole, 500 mg	Yes	
J2250	Midazolam Hydrochloride, per 1 mg	Yes	Versed
J2260	Milrinone Lactate, 5 mg	Yes	Primacor
J2271	Morphine Sulphate, 100 mg	Yes	
J2275	Morphine Sulfate (preservative-free sterile solution), per 10 mg	Yes	
J2270	Morphine Sulfate, up to 10 mg	Yes	
S0032	Nafcillin Sodium, 2 grams	Yes	
J2300	Nalbuphine Hydrochloride, per 10 mg	Yes	Nubain
J2310	Naloxone Hydrochloride, per 1 mg	Yes	Narcan
J0340	Nandrolone Phenpropionate, up to 50 mg	Yes	Anabolin
J2320	Nandrolone Decanoate, up to 50 mg	Yes	
J2321	Nandrolone Decanoate, up to 100 mg	Yes	
J2322	Nandrolone Decanoate, up to 200 mg	Yes	
J2710	Neostigmine Methylsulfate, up to 0.5 mg	Yes	Prostigmin Methylsulfate
J2350	Niacinamide, Niacin, up to 100 mg	Yes	Nicotinamide
J2352	Octreotide Acetate, 1 mg	Yes	
S0034	Ofloxacin, 400 mg	Yes	
J2405	Ondansetron Hydrochloride, per 1 mg	Yes	Zofran
J2355	Oprelvekin, 5 mg	Yes	
J2360	Orphenadrine, up to 60 mg	Yes	Norflex
J2700	Oxacillin Sodium, up to 250 mg	Yes	Prostaphlin
J2410	Oxymorphone HCL, up to 1 mg	Yes	Numorphan
J2460	Oxytetracycline HCL, up to 50 mg	Yes	
J2590	Oxytocin, up to 10 units	Yes	Pitocin. Benefit limited to obstetrical diagnoses.

Approved HCFA And Local Codes For Medicaid Billing – Practitioner Services

Code	Narrative	Benefit	Comments
J2430	Pamidronate Disodium, per 30 mg	Yes	Aredia
J2440	Papaverine HCL, up to 60 mg	Yes	
J2500	Paricalcitol, 5 mcg	Yes	
Q2012	Pegademase Bovine, 25 IU	Yes	Effective 01/01/01
J2540	Penicillin G Potassium, up to 600,000 units	Yes	Pfizerpen
J0530	Penicillin G Benzathine & Penicillin G Procaine, up to 600,000 units	Yes	Bicillin C-R
J0570	Penicillin G Benzathine, up to 1,200,000 units	Yes	Bicillin Long-Acting
J0580	Penicillin G Benzathine, up to 2,400,000 units	Yes	Bicillin Long-Acting
J2510	Penicillin G, Procaine, Aqueous, up to 600,000 units	Yes	
J0560	Penicillin G Benzathine, up to 600,000 units	Yes	Bicillin Long-Acting
J0540	Penicillin G Benzathine & Penicillin G Procaine, up to 1,200,000 units	Yes	Bicillin C-R
J0550	Penicillin G Benzathine & Penicillin G Procaine, up to 2,400,000 units	Yes	Bicillin C-R
J2512	Pentagastrin, per 2 ml	Yes	Peptavlon
S0080	Pentamidine Isethionate, 300 mg	Yes	
Q2013	Pentastarch, 10% solution, per 100 ml	Yes	Effective 01/01/01
J3070	Pentazocine HCL, up to 30 mg	Yes	Talwin
J2515	Pentobarbital Sodium	Yes	
J3310	Perphenazine, up to 5 mg	Yes	Trilafon
X0023	Persantine, 10 mg	Yes	
J2560	Phenobarbital Sodium, up to 120 mg	Yes	
J2760	Phentolaine Mesylate, up to 5 mg	Yes	Regitine Mesylate
J2370	Phenylephrine HCL, up to 1 ml	Yes	Neo-Synephrine
J1165	Phenytoin Sodium	Yes	
S0081	Piperacillin Sodium, 500 mg	Yes	
J2543	Piperacillin Sodium/Tazobactam Sodium, 1 gram/0.125 grams (1.125 grams)	Yes	
J3480	Potassium Chloride, per 2 meq	Yes	
J2730	Pralidoxime Chloride, up to 1 gram	Yes	Protopam Chloride
J1690	Prednisolone Tebutate, up to 20 mg	Yes	Hydeltra TBA

Approved HCFA And Local Codes For Medicaid Billing – Practitioner Services

Code	Narrative	Benefit	Comments
J2640	Prednisolone Sodium Phosphate to 20 mg	Yes	
J2650	Prednisolone Acetate, up to 1 ml	Yes	Due-Pred, Panacort R-P
J2690	Procainamide HCL, up to 1 gram	Yes	Pronestyl
J0780	Prochlorperazine, up to 10 mg	Yes	Compazine
J2675	Progesterone, per 50 mg	Yes	
J2950	Promazine HCL, up to 25 mg	Yes	Sparine
J2550	Promethazine HCL, up to 50 mg	Yes	Phenergan
J1930	Propiomazine, up to 20 mg	Yes	Largon
J1800	Propranolol HCL, up to 1 mg	Yes	Inderal
J2720	Protamine Sulfate, per 10 mg	Yes	
J2725	Protirelin, per 250 mcg	Yes	Relefact-TRH
X0025	Protropin, 5 mg	Yes	
X0026	Pyridoxine B6	Yes	
J2770	Quinupristin/Dalfopristin, 500 mg (150/350)	Yes	Effective 01/01/01
J2780	Ranitidine Hydrochloride, 25 mg	Yes	
J1565	Respiratory Syncytial Virus Immune Globulin, intravenous, 50 mg	Deleted	Deleted 06/30/00.
90378	Respiratory Syncytial Virus Immune Globulin (RSV-IGIM), for intramuscular use, 50 mg, each	Yes	Limit 4 units per day. See page 26 for diagnosis/prior authorization guidelines.
J2993	Reteplase, 18.8 mg	Yes	Effective 01/01/01
J2994	Reteplase, 37.6 mg (two single use vials)	Deleted	Deleted 12/31/00
J2790	Rho D Immune Globulin, Human, one dose package	Yes	Rhogam. Benefit limited to obstetrical diagnoses.
J9310	Rituximab, 100 mg	Yes	
J2792	Rho D Immune Globulin, Intravenous, Human, Solvent Detergent, 100 I.U.	Yes	
J2795	Ropivacaine Hydrochloride, 1 mg	Yes	Effective 01/01/01 Naropin local anesthesia cannot be billed with surgical procedures.
J2820	Sargramostim, (GM-CSF), 50 mcg	Yes	Leukine, Prokine
J2860	Secobarbital Sodium, up to 250 mg	Yes	Seconal Sodium
Q2014	Sermorelin Acetate, 0.5 mg	Yes	Effective 01/01/01
S0090	Sildenafil Citrate, 25 mg	Yes	

Approved HCFA And Local Codes For Medicaid Billing – Practitioner Services

Code	Narrative	Benefit	Comments
J2912	Sodium Chloride	Yes	
X0027	Sodium Bicarbonate, 8.4%	Yes	
J2915	Sodium Ferric Gluconate Complex in Sucrose Injection, 62.5 mg	Yes	Effective 01/01/01
S0098	Sodium Ferric Gluconate Complex in Sucrose, 62.5 mg	Deleted	Deleted 12/31/00. See J2915
J7315	Sodium Hyaluronate, 20 mg, for intra-articular injection	Yes	
Q2015	Somatrem, 5 mg	Yes	Effective 01/01/01
S0010	Somatrem, 5 mg	Deleted	Deleted 12/31/00. See Q2015.
Q2016	Somatropin, 1mg	Yes	Effective 01/01/01
S0011	Somatropin, 5 mg	Deleted	Deleted 12/31/00. See Q2016.
Q2014	Sermorelin Acetate, 0.5 mg	Yes	Effective 01/01/01
X0028	Sotradecol (Tetradesyl Sulfate), 1%	Yes	
X0029	Sotradecol (Tetradesyl Sulfate), 2%	Yes	
J3320	Spectinomycin Dihydrochloride, up to 2 grams	Yes	Trobicin
X0030	Stadol	Yes	
J0697	Sterile Cefuroxime Sodium, per 750 mg	Yes	Zinacef
J2995	Streptokinase, per 250,000 IU	Yes	Bill 1 unit for each 250,000 units administered.
J3000	Streptomycin, up to 1 gram	Yes	
X0031	Sublimaze	Yes	
J0330	Succinylcholine Chloride, up to 20 mg	Yes	Anectine
S0039	Sulfamethoxazole and Trimethoprim, 10 ml	Yes	
J3030	Sumatriptan Succinate, 6 mg, administered under direct physician supervision, excludes self administration	Yes	Imitrex
S0014	Tacrine Hydrochloride, 10 mg	Yes	
J7525	Tacrolimus, Parenteral, 5 mg	Yes	Effective 01/01/01
J3105	Terbutaline Sulfate, up to 1 mg	Yes	
Q2017	Teniposide, 50 mg	Yes	Effective 01/01/01
J1090	Testosterone Cypionate, 1 cc, 50 mg	Yes	
J3140	Testosterone Suspension, up to 50 mg	Yes	Aqueous Testosterone

Approved HCFA And Local Codes For Medicaid Billing – Practitioner Services

Code	Narrative	Benefit	Comments
J1070	Testosterone Cypionate, up to 100 mg	Yes	
J1080	Testosterone Cypionate, 1 cc, 200 mg	Yes	
J0900	Testosterone Enanthate & Estradiol Valerate, up to 1 cc	Yes	Deladumone
J1060	Testosterone Cypionate & Estradiol Cypionate, up to 1 ml	Yes	
J3120	Testosterone Enanthate, up to 100 mg	Yes	
J3150	Testosterone Propionate, up to 100 mg	Yes	
J3130	Testosterone Enanthate, up to 200 mg	Yes	
J1670	Tetanus Immune Globulin, Human, up to 250 units	Yes	Homo-Tet
J0120	Tetracycline, up to 250 mg	Yes	
J2810	Theophylline, per 40 mg	Yes	Salyrgan-Theophylline
X0032	Thiamine, 100 mg vial	Yes	
J3280	Thiethylperazine Maleate, up to 10 mg	Yes	Torecan
J2330	Thiothixene, up to 4 mg	Yes	Navane IM
J3240	Thyrotropin Alfa, 0.9mg	Yes	
S0040	Ticarcillin Disodium and Clavulanate Potassium, 3.1 grams	Yes	
J3245	Tirofiban Hydrochloride, 12.5 mg	Yes	
J3260	Tobramycin Sulfate, up to 80 mg	Yes	Nebcin
J2670	Tolazoline, up to 25 mg	Yes	Priscoline HCL
J3265	Torsemide, 10 mg/ml	Yes	
J3302	Triamcinolone Diacetate, per 5 mg	Yes	Kenalog, Aristocort
J3301	Triamcinolone Acetonide, per 10 mg	Yes	Kenalog, Aristocort
J3303	Triamcinolone Hexacetonide, per 5 mg	Yes	Kenalog, Aristocort
J3400	Triflupromazine HCL, up to 20 mg	Yes	Vesprin
J0400	Trimethaphan up to 50 mg	Yes	Arfonad
J3250	Trimethobenzamide HCL, up to 200 mg	Yes	Tigan
J3305	Trimetrexate Glucuronate, per 25 mg	Yes	
X0034	Unasyn, 3 gm	Yes	

Code	Narrative	Benefit	Comments
J3490	Unclassified drugs	Yes	Bill on paper. Must identify name, dosage & strength of drug in Remarks field. Reimbursement is based on average wholesale price + 10 percent + \$2.00 administration fee.
J3350	Urea, up to 40 grams	Yes	Ureaphil
Q2018	Urofollitropin, 75 IU	Yes	Effective 01/01/01
J3364	Urokinase, 5000 IU Vial	Yes	
J3370	Vancomycin HCL, 500 mg	Yes	Vancocin HCL
S0086	Verteporfin, 15 mg	Yes	Effective 01/01/01
J3430	Vitamin K Phytanadione, Menadione, Menadiol Sodium Diphosphate, up to 10 mg	Yes	Aqua Mephyton
J3420	Vitamin B-12 Cyanocobalamin, up to 1,000 mcg	Yes	
J3485	Zidovudine, 10 mg	Yes	Effective 01/01/01
X0037	Zinacef, 750 mg	Yes	
X0038	Zinacef, 1.5 gm	Yes	
J7599	Immunosuppressive Drug, not otherwise classified	Yes	Bill on paper. Must identify name, dosage, & strength of drug in Remarks field. Reimbursement is based on average wholesale price + 10 percent + \$2.00 administration fee

Epoetin Alpha (EPOGEN) (PROCRIT)

Q0136	Epoetin Alpha per 1,000 units	Yes	Epogen (For non-ERSD use)
Q9920	EPO, per 1,000 units, at patient HCT of 20 or less	Yes	Epogen
Q9921	EPO, per 1,000 units, at patient HCT of 21	Yes	Epogen
Q9922	EPO, per 1,000 units, at patient HCT of 22	Yes	Epogen
Q9923	EPO, per 1,000 units, at patient HCT of 23	Yes	Epogen
Q9924	EPO, per 1,000 units, at patient HCT of 24	Yes	Epogen
Q9925	EPO, per 1,000 units, at patient HCT of 25	Yes	Epogen
Q9926	EPO, per 1,000 units, at patient HCT of 26	Yes	Epogen
Q9927	EPO, per 1,000 units, at patient HCT of 27	Yes	Epogen
Q9928	EPO, per 1,000 units, at patient HCT of 28	Yes	Epogen
Q9929	EPO, per 1,000 units, at patient HCT of 29	Yes	Epogen
Q9930	EPO, per 1,000 units, at patient HCT of 30	Yes	Epogen

Code	Narrative	Benefit	Comments
Q9931	EPO, per 1,000 units, at patient HCT of 31	Yes	Epogen
Q9932	EPO, per 1,000 units, at patient HCT of 32	Yes	Epogen
Q9933	EPO, per 1,000 units, at patient HCT of 33	Yes	Epogen
Q9934	EPO, per 1,000 units, at patient HCT of 34	Yes	Epogen
Q9935	EPO, per 1,000 units, at patient HCT of 35	Yes	Epogen
Q9936	EPO, per 1,000 units, at patient HCT of 36	Yes	Epogen
Q9937	EPO, per 1,000 units, at patient HCT of 37	Yes	Epogen
Q9938	EPO, per 1,000 units, at patient HCT of 38	Yes	Epogen
Q9939	EPO, per 1,000 units, at patient HCT of 39	Yes	Epogen
Q9940	EPO, per 1,000 units, at patient HCT of 40 or above	Yes	Epogen

Chemotherapy agents

Reimbursement of chemotherapeutic agents does not include administration fees.

J9015	Aldesleukin, per single use vial	Yes	Proleukin
J9020	Asparaginase, 10,000 units	Yes	e.g., Elspar
J7501	Azathioprine, parenteral, 5 mg/ml, 20 ml vial	Yes	e.g., Imuran
J9031	BCG (Intravesical), per instillation (vial)	Yes	
J9040	Bleomycin sulfate, 15 units	Yes	Blenoxane
J9045	Carboplatin, 50 mg	Yes	
J9050	Carmustine, 100 mg	Yes	Cisplatin, Bischlorethyl, Nitrosourea, BCNU
J9062	Cisplatin, 50 mg	Yes	
J9060	Cisplatin, powder or solution, per 10 mg	Yes	Platinol
J9065	Cladribine, per 1 mg	Yes	Leustatin
J9090	Cyclophosphamide, 500 mg	Yes	
J9091	Cyclophosphamide, 1.0 gm	Yes	
J9092	Cyclophosphamide, 2.0 gm	Yes	
J9093	Cyclophosphamide, Lyophilized, 100 mg	Yes	Lyophilized Cytoxan
J9094	Cyclophosphamide, Lyophilized, 200 mg	Yes	
J9095	Cyclophosphamide, Lyophilized, 500 mg	Yes	

Approved HCFA And Local Codes For Medicaid Billing – Practitioner Services

Code	Narrative	Benefit	Comments
J9096	Cyclophosphamide, Lyophilized, 1.0 gm	Yes	
J9070	Cyclophosphamide, 100 mg	Yes	Cytosan
J9080	Cyclophosphamide, 200 mg	Yes	
J7516	Cyclosporin, parenteral, 250 mg	Yes	e.g., Sandimmune
J9100	Cytarbine, 100 mg	Yes	Arabinosyl, Cytosine, Cytosar, 100 mg
J9110	Cytarbine HCL, Arabinosyl Cytosine; Cytosar, 500 mgm	Yes	
J9130	Dacarbazine, 100 mg	Yes	DTIC, DOME, DIC
J9140	Dacarbazine, 200 mg	Yes	
J9120	Dactinomycin, 0.5 mg	Yes	Cosmegen, Actinomycin D
J9150	Daunorubicin, 10 mg	Yes	Daunomycin, Rubidomycin, Cerabione
J9160	Denileukin Diftitox, 300 mcg	Yes	Effective 01/01/01
J9165	Diethylstilbestrol Diphosphate, 250 mg	Yes	
J9170	Docetaxel, 20 mg	Yes	
J9000	Doxorubicin HCL, 10 mg	Yes	Adriamycin, Doxyrubicin HCL, Doxil
J9001	Doxorubicin Hydrochloride, all Lipid formulations, 10 mg	Yes	
Q2002	Elliotts B Solution, per ml	Yes	Effective 01/01/01
J9180	Epirubicin Hydrochloride, 50 mg	Yes	Effective 01/01/01
J9181	Etoposide, 10 mg	Yes	VP-16, Vepesid
J9182	Etoposide, 100 mg	Yes	
J9200	Floxuridine, 500 mg	Yes	FUDR
J9185	Fludarabine Phosphate, 50 mg	Yes	
J9190	Fluorouracil, 500 mg	Yes	5FU
J9202	Goserelin Acetate Implant per 3.6 mg	Yes	Zoladex
J9211	Idarubicin Hydrochloride, 5 mg	Yes	
J9208	Ifosfamide, 1 gm	Yes	
J9213	Interferon, Alfa-2A, Recombinant, 3 million units	Yes	Alferon
J9214	Interferon, Alfa-2B, Recombinant, 1 million units	Yes	Alferon
J9215	Interferon, Alfa-N3, (Human Leukocyte Derived), 250,000 IU	Yes	Alferon

Approved HCFA And Local Codes For Medicaid Billing – Practitioner Services

Code	Narrative	Benefit	Comments
J9216	Interferon, Gamma 1-B, 3 million units	Yes	Alferon
J9218	Leuprolide Acetate, per 1 mg	Yes	Lupron
J9217	Leuprolide Acetate (for depot suspension), 7.5 mg	Yes	Lupron
J9219	Leuprolide Acetate Implant, 65 mg	Yes	Effective 01/01/01
J7504	Lymphocyte Immune Globulin, Antitymocyte Globulin, parenteral, 50 mg/ml, 5 ml ampule	Yes	e.g., Atgam
J9097	Lyophilized Cyclophosphamide, 2.0 gm	Yes	
J9230	Mechlorethamine HCL (nitrogen mustard), 10 mg	Yes	Nitrogen Mustard, Mustargen
J9245	Melphalan Hydrochloride, 50 mg	Yes	Alkeran
J9209	Mesna, 200 mg	Yes	
J9250	Methotrexate Sodium, 5 mg	Yes	
J9260	Methotrexate Sodium, 50 mg	Yes	
J9280	Mitomycin, 5 mg	Yes	Mutamycin
J9290	Mitomycin, 20 mg	Yes	
J9291	Mitomycin, 40 mg	Yes	
J9293	Mitoxantrone HCL, per 5 mg	Yes	Novantrone
J7505	Muromonab-CD3, parenteral, 5 mg	Yes	
J9999	Not otherwise classified, antineoplastic drugs	Yes	Bill on paper. Must identify name, dosage & strength of drug in Remarks field. Reimbursement is based on average wholesale price + 10 percent + \$2.00 administration fee.
J9265	Paclitaxel, 30 mg	Yes	Taxol
J9266	Pegaspargase, per single dose vial	Yes	Oncaspar
J9268	Pentostatin, per 10 mg	Yes	
J9270	Plicamycin, 2.5 mg	Yes	Mithracin, Mithramycin
J9320	Streptozocin, 1 gm	Yes	
J9340	ThioTepa, 15 mg	Yes	Triethylenethosphoramide
J9355	Trastuzumab, 10 mg	Yes	
J9357	Valrubicin, Intravesical, 200 mg	Yes	
J9360	Vinblastine Sulfate, 1 mg	Yes	
J9370	Vincristine Sulfate, 1 mg	Yes	

Code	Narrative	Benefit	Comments
J9375	Vincristine Sulfate, 2 mg	Yes	
J9380	Vincristine Sulfate, 5 mg	Yes	
J9390	Vinorelbine Tartrate, per 10 mg	Yes	
Inhalation drugs and solutions			
J7610	Acetylcysteine, 10% per ml, Inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7608	Acetylcysteine, inhalation solution administered through DME, unit dose form, per gram	Yes	
J7615	Acetylcysteine, 20% per ml, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7618	Albuterol, all formulations including separated isomers, inhalation solution administered through DME, concentrated form, per 1 mg	Yes	
J7619	Albuterol, all formulations including separated isomers, inhalation solution administered through DME, unit dose form, per 1 mg	Yes	
J7620	Albuterol Sulfate, 0.083% per ml, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7625	Albuterol Sulfate, 0.5% per ml, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7635	Atropine, inhalation solution administered through DME, concentrated form, per milligram	Yes	
J7636	Atropine, inhalation solution administered through DME, unit dose form, per milligram	Yes	
J7627	Bitolterol Mesylate, 0.2%, per 10 ml, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7628	Bitolterol Mesylate, inhalation solution administered through DME, concentrated form, per milligram	Yes	
J7629	Bitolterol Mesylate, inhalation solution administered through DME, unit dose form, per milligram	Yes	
J7631	Cromolyn Sodium, inhalation solution administered through DME, unit dose form, per 10 milligrams	Yes	
J7630	Cromolyn Sodium, per 20 mg, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7637	Dexamethasone, inhalation solution administered through DME, concentrated form, per milligram	Yes	
J7638	Dexamethasone, inhalation solution administered through DME, unit dose form, per milligram	Yes	
J7639	Dornase Alpha, inhalation solution administered through DME, unit dose form, per milligram	Yes	
J7640	Epinephrine, 2.25% per ml, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7642	Glycopyrrolate, inhalation solution administered through DME, concentrated form, per milligram	Yes	
J7643	Glycopyrrolate, inhalation solution administered through DME, unit dose form, per milligram	Yes	

Approved HCFA And Local Codes For Medicaid Billing – Practitioner Services

Code	Narrative	Benefit	Comments
J7645	Ipratropium Bromide 0.02%., per ml, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7644	Ipratropium Bromide, inhalation solution administered through DME, unit dose form, per milligram	Yes	
J7648	Isoetharine HCL, inhalation solution administered through DME, concentrated form, per milligram	Yes	
J7649	Isoetharine HCL, inhalation solution administered through DME, unit dose form, per milligram	Yes	
J7650	Isoetharine Hydrochloride, 0.1% per ml, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7651	Isoetharine Hydrochloride, 0.125% per ml, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7652	Isoetharine Hydrochloride, 0.167% per ml, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7653	Isoetharine Hydrochloride, 0.2% per ml, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7654	Isoetharine Hydrochloride, 0.25% per ml, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7655	Isoetharine Hydrochloride, 1.0% per ml, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7660	Isoproterenol Hydrochloride, 0.5% per ml, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7658	Isoproterenol HCL, inhalation solution administered through DME, concentrated form, per milligram	Yes	
J7659	Isoproterenol Hydrochloride, inhalation solution administered through DME, unit dose form, per milligram	Yes	
J7665	Isoproterenol Hydrochloride, 1.0% per ml, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7668	Metaproterenol Sulfate, inhalation solution administered through DME, concentrated form, per 10 milligrams	Yes	
J7669	Metaproterenol Sulfate, inhalation solution administered through DME, unit dose form, per 10 milligrams	Yes	
J7670	Metaproterenol Sulfate, 0.4% per ml, per 2.5 ml, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7672	Metaproterenol Sulfate, 0.6% per ml, per 2.5 ml, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7675	Metaproterenol Sulfate, 5.0% per ml, inhalation solution administered through DME	Deleted	Deleted 12/31/00
J7699	Not otherwise classified (NOC) drugs, inhalation solution administered through DME	Yes	Bill on paper. Must identify name, dosage & strength of drug in Remarks field.
J2545	Pentamidine for aerosol inhaler for pneumocystis carinii pneumonia treatment for prophylaxis	Yes	
K0283	Saline solution per 10 ml, metered dose dispenser, for use with inhalation drugs	Deleted	Deleted 12/31/00.
J7680	Terbutaline sulfate, inhalation solution administered through DME, concentrated form, per milligram	Yes	

Code	Narrative	Benefit	Comments
J7681	Terbutaline sulfate, inhalation solution administered through DME, unit dose form, per milligram	Yes	
J7682	Tobramycin, unit dose form, 300 mg, inhalation solution, administered through DME	Yes	
J7683	Triamcinolone, inhalation solution administered through DME, concentrated form, per milligram	Yes	
J7684	Triamcinolone, inhalation solution administered through DME, unit dose form, per milligram	Yes	
X0035	Ventolin Inhaler	Yes	
Other therapeutic or diagnostic medical injection, instillation or infusion services			
J7042	5% dextrose/normal saline (500 ml = 1 unit)	Yes	
J7060	5% dextrose/water (500 ml = 1 unit)	Yes	
J7198	Anti-Inhibitor, per I.U.	Yes	
J7197	Antithrombin III (Human) per I.U.	Yes	
M0300	IV Chelation therapy (chemical endarterectomy)	Yes	<p>Bill on paper. Must identify name, dosage & strength of chelating agent in Remarks field. Allowable only as a treatment for metal toxicity. <u>Not allowable as a treatment or preventative measure for atherosclerosis.</u></p> <p>This is not covered under the M0300 code without the presence of at least one of the following ICD-9 codes: V15.86, 972.7, 973.6, 976, 976.2, 976.3, 976.4, 976.5, 976.6, 983.9, 984.9, 985.1, 985.2, 985.5, 985.6, 985.8, 985.9.</p> <p>The use of CPT codes such as 90780, 90781, 90783, 92975, 93799, 83655 that cover services for therapeutic or diagnostic infusions, cardiology or laboratory services may not be used to bill for this procedure.</p>
Q0187	Factor VIIA (Coagulation factor, recombinant) per 1.2 mg	Yes	
J7192	Factor VIII (antihemophilic factor, recombinant) per I.U.	Yes	
J7191	Factor VIII (antihemophilic factor (porcine)) per I.U.	Yes	
J7190	Factor VIII (antihemophilic factor, human) per I.U.	Yes	
J7194	Factor IX, complex, per I.U.	Yes	
Q0160	Factor IX, (antihemophilic factor, purified, non-recombinant), per I.U.	Yes	
Q0161	Factor IX (antihemophilic factor, recombinant) per I.U.	Yes	
J7199	Hemophilia clotting factor, not otherwise classified	Yes	
J7130	Hypertonic saline solution, 50 or 100 Meq, 20 cc vial	Yes	
Q0156	Infusion, Albumin (Human), 5%, 500ml	Deleted	Deleted 12/31/00

Code	Narrative	Benefit	Comments
Q0157	Infusion, Albumin (Human), 25%, 50ml	Deleted	Deleted 12/31/00
Q0081	Infusion therapy using other than chemotherapeutic drug, per visit	Yes	Bill on paper. Requires report.
J7050	Infusion, normal saline solution, 250 cc	Yes	
J7030	Infusion, normal saline solution, 1,000 cc	Yes	
J7070	Infusion, D5W, 1,000 cc	Yes	
J7040	Infusion, normal saline solution, sterile (500 ml = 1 unit)	Yes	
J7100	Infusion, Dextran 40, 500 ml	Yes	
J7110	Infusion, Dextran 75, 500 ml	Yes	
J7799	Not otherwise classified (NOC) drugs, other than inhalation drugs, administered through DME	Yes	Bill on paper. Must identify name, dosage & strength of drug in Remarks field.
J7120	Ringers Lactate Infusion, up to 1,000 cc	Yes	Ringers Injection
J7051	Sterile saline or water, up to 5 cc	Yes	
S5002	Fat Emulsion 10% in 250 ml, with administration set	Yes	Effective 01/01/01
S5003	Fat Emulsion 20% in 250 ml, with administration set	Yes	Effective 01/01/01
S5010	5% Dextrose and 45% Normal Saline, 1000 ml	Yes	Effective 01/01/01
S5011	5% Dextrose in Lactated Ringer S, 1000 ml	Yes	Effective 01/01/01
S5012	5% Dextrose with Potassium Chloride, 1000 ml	Yes	Effective 01/01/01
S5013	5% Dextrose/45% Normal Saline with Potassium Chloride and Magnesium Sulfate, 1000 ml	Yes	Effective 01/01/01
S5014	5% Dextrose/45% Normal Saline with Potassium Chloride and Magnesium Sulfate, 1500 ml	Yes	Effective 01/01/01
Q2004	Irrigation Solution for treatment of bladder calculi (e.g., Renacidin) per 500 ml	Yes	Effective 01/01/01
Q2022	Von Willebrand Factor Complex, human, per iu	Yes	Effective 01/01/01

Medical screening - Early & Periodic Screening, Diagnosis & Treatment (EPSDT) program billing information

The EPSDT Program provides preventive medical services to Medicaid clients age 20 and under. Please refer to the EPSDT Medicaid Provider Manual for a full EPSDT program description. The Colorado Medical Screening Periodicity schedule is located on pages 1-6 through 1-7 of the EPSDT manual. Additional services may be provided in accordance with the medical needs & circumstances of the child. A complete EPSDT Medical Screening examination includes the following components:

- 1) Comprehensive health & developmental history;
- 2) Comprehensive unclothed physical examination;
- 3) Immunizations appropriate to age & health history;
- 4) Laboratory tests (including lead blood level assessment appropriate to age & risk)
- 5) Health education (including anticipatory guidance)

The codes below identify interperiodic & partial EPSDT medical screening services.

Code	Narrative	Benefit	Comments
X1400	Interperiodic screening - Ages 0-11	Yes	A screening exam that includes all of the required components provided to a child whose age does not match the age parameters of the Screening Periodicity schedule.
X1405	Interperiodic screening - Ages 12-20	Yes	A screening exam that includes all of the required components provided to a youth whose age does not match the age parameters of the Screening Periodicity schedule.
X1410	Partial medical screening - Ages 0-20	Yes	A screening exam that does not include all of the required components. Immunizations, laboratory tests by the physician, & health education counseling may, when appropriate, be billed in addition to the partial screen.

Synagis

90378	Respiratory Syncytial Virus Immune Globulin (RSV-IGIM), for intramuscular use, 50 mg each	Yes	Bill 1 unit per 50 mg. Limit 4 units per day. Benefit for infants age 2 years and under with one of the following diagnoses: 765.0, 765.1, and 770.7. If child does not meet profile, contact the fiscal agent's prior authorization line.
-------	---	-----	---

Medicine

G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	Yes	
G0102	Prostate cancer screening; digital rectal examination	Yes	
G0104	Colorectal cancer screening; flexible sigmoidoscopy	Yes	
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	Yes	
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	Yes	
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema	Yes	
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	Yes	
G0122	Colorectal cancer screening; barium enema	Yes	
G0166	External counterpulsation, per treatment session	Yes	

Gastrointestinal

M0100	Intragastric hypothermia using gastric freezing (MNP)	Yes	Bill on Paper. Requires a report.
-------	---	-----	-----------------------------------

Otorhinolaryngologic services

Speech therapists and audiologists billing valid CPT codes in the 92500 range may also bill one minimal E/M service (99211) in addition to the services rendered.

G0197	Evaluation of patient for prescription of speech generating devices	Yes	Effective 01/01/01
G0198	Patient adaptation and training for use of speech generating devices	Yes	Effective 01/01/01

Code	Narrative	Benefit	Comments
G0199	Re-evaluation of patient using speech generating devices	Yes	Effective 01/01/01
G0200	Evaluation of patient for prescription of voice prosthetic	Yes	Effective 01/01/01
G0201	Modification or training in use of voice prosthetic	Yes	Effective 01/01/01

Cardiovascular, Medical

G0004	Patient demand single or multiple event recording with pre-symptom memory loop & 24 hour attended monitoring, per 30 day period; includes transmission, physician reviewed & interpretation	Yes	
G0005	Patient demand single or multiple event recording with pre-symptom memory loop & 24 hour attended monitoring, per 30 day period; recording (Includes hook-up, recording & disconnection)	Yes	
G0006	Patient demand single or multiple event recording with pre-symptom memory loop & 24 hour attended monitoring, per 30 day period; 24 hour attended monitoring, receipt of transmissions, & analysis	Yes	
G0007	Patient demand single or multiple event recording with pre-symptom memory loop & 24 hour attended monitoring, per 30 day period; physician review & interpretation only	Yes	
G0015	Post-symptom telephonic transmission of electrocardiogram rhythm strip(s) & 24 hour attended monitoring, per 30 day period; tracing only	Yes	
G0016	Post-symptom telephonic transmission of electrocardiogram rhythm strip(s) & 24 hour attended monitoring, per 30 day period; physician review & interpretation only	Yes	
G0030	Pet myocardial perfusion imaging, (following previous pet, G0030-G0047); single study, rest or stress (exercise and/or pharmacologic)	Yes	
G0031	Pet myocardial perfusion imaging, (following previous pet, G0030-G0047); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	
G0032	Pet myocardial perfusion imaging (following rest spect, 78464); single study, rest or stress (exercise and/or pharmacologic)	Yes	
G0033	Pet myocardial perfusion imaging (following rest spect, 78464); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	
G0034	Pet myocardial perfusion imaging, (following stress spect, 78465); single study, rest or stress (exercise and/or pharmacologic)	Yes	
G0035	Pet myocardial perfusion imaging, (following stress spect, 78465); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	
G0036	Pet myocardial perfusion imaging, (following coronary angiography, 93510-93529); single study, rest or stress (exercise and/or pharmacologic)	Yes	

Code	Narrative	Benefit	Comments
G0037	Pet myocardial perfusion imaging, (following coronary angiography, 93510-93529); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	
G0038	Pet myocardial perfusion imaging, (following stress planar myocardial perfusion, 78460); single study, rest or stress (exercise and/or pharmacologic)	Yes	
G0039	Pet myocardial perfusion imaging, (following stress planar myocardial perfusion, 78460); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	
G0040	Pet myocardial perfusion imaging, (following stress echocardiogram, 93350); single study, rest or stress (exercise and/or pharmacologic)	Yes	
G0041	Pet myocardial perfusion imaging, (following stress echocardiogram, 93350); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	
G0042	Pet myocardial perfusion imaging, (following stress nuclear ventriculogram, 78481 or 78483); single study, rest or stress (exercise and/or pharmacologic)	Yes	
G0043	Pet myocardial perfusion imaging, (following stress nuclear ventriculogram, 78481 or 78483); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	
G0044	Pet myocardial perfusion imaging, (following rest ECG, 93000); single study, rest or stress (exercise and/or pharmacologic)	Yes	
G0045	Pet myocardial perfusion imaging, (following rest ECG, 93000); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	
G0046	Pet myocardial perfusion imaging, (following stress ECG, 93015); single study, rest or stress (exercise and/or pharmacologic)	Yes	
G0047	Pet myocardial perfusion imaging, (following stress ECG, 93015); multiple studies, rest or stress (exercise and/or pharmacologic)	Yes	
M0300	IV chelation therapy (chemical endarterectomy)	Yes	<p>Bill on paper. Must identify name, dosage & strength of chelating agent in Remarks field. Allowable only as a treatment for metal toxicity. <u>Not allowable as a treatment or preventative measure for atherosclerosis.</u></p> <p>This is not covered under the M0300 code without the presence of at least one of the following ICD-9 codes: V15.86, 972.7, 973.6, 976, 976.2, 976.3, 976.4, 976.5, 976.6, 983.9, 984.9, 985.1, 985.2, 985.5, 985.6, 985.8, 985.9.</p> <p>The use of CPT codes such as 90780, 90781, 90783, 92975, 93799, 83655 that cover services for therapeutic or diagnostic infusions, cardiology or laboratory services may not be used to bill for this procedure.</p>
M0301	Fabric wrapping of abdominal aneurysm (MNP)	Yes	Bill on paper. Requires a report.
M0302	Assessment of cardiac output by electrical bioimpedence	Yes	Bill on paper. Requires a report.

Code	Narrative	Benefit	Comments
S3902	Ballistocardiogram	Yes	Effective 01/01/01
S3904	Masters Two Step	Yes	Effective 01/01/01
S9025	Omnicrodiogram/Cardiointegram	Yes	Effective 01/01/01
Y0655	Implantation of automatic defibrillators	Yes	
Y9105	Study of aortic bypass grafts	Yes	
Chemotherapy supplies and administration			
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	Yes	Requires prior authorization and copy of invoice.
Q0083	Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit	Yes	
Q0084	Chemotherapy administration by infusion technique only, per visit	Yes	
Q0085	Chemotherapy administration by both infusion technique & other technique(s) (e.g., subcutaneous, intramuscular, push), per visit	Yes	
X2265	Home IV pump rental, by physician, per day	Yes	

Code	Narrative	Benefit	Comments
------	-----------	---------	----------

Psychiatry

Note: Providers of psychiatric services are instructed to continue using the 1997 HCPCS until further notice. 1999 HCPCS for psychiatric services will be implemented at a later date. Please see Medicaid Bulletin B9802303 for details regarding proper coding.

Billing & benefit information

Benefit is available for face to face patient contact psychiatric services only. One unit of service is defined as 15 minutes of face to face patient contact time. Fractional units may be rounded up to the next 15 minute increment. Do not increase units to account for or include non-face-to-face services such as report preparation, telephone consultation, case presentations, or staff conferences, etc.

The 1996 CPT codes 96100-96117 should be billed utilizing time units in accordance with CPT 96 narrative guidelines.

CPT codes 90842 and 90844, individual medical psychotherapy by a physician... with specific time reference, are not valid for Colorado Medicaid billing. Use CPT 90843 & bill time units as described previously.

With the exception of enrolled licensed psychologists, non-physician mental health practitioners are not authorized to provide services in an inpatient hospital setting.

Please refer to the Medicaid Medical/Surgical Specialty Provider Manual, pages 11 & 12, for psychiatric benefit limitations.

With the exception of licensed psychologists & services provided in a certified community mental health center setting, all services provided by non-physicians must be ordered by a licensed physician & provided under the direct & personal supervision of a physician **who is on the premises at the time services are rendered**. Claims must be submitted by the supervising physician. Payment is made to the physician. Licensed psychologists may not serve as supervisors of treatment services provided by other non-physician providers.

Procedural Coding: The Medicaid program uses locally developed HCPCS codes to identify mental health services by non-physician providers. Claims for services provided by non-physician mental health practitioners must be submitted using HCPCS codes that correctly correspond to the educational level of the individual actually rendering the service. With the exception of licensed psychologists & the authorized use of CPT code 96100 for psychological testing by Ph.D. level psychologists as noted below, **Non-physician mental health practitioners cannot submit claims using CPT procedure codes.**

Certified Community Mental Health Centers: Psychiatric benefit services are also available through a state certified community mental health center. The following coding information does not apply to services provided by employees of certified Community Mental Health Centers. Services provided in a certified community mental health center must be billed by the mental health center using specially designated HCPCS codes. Payment is made to the mental health center.

Licensed Psychologists: Licensed clinical psychologists receive direct Medicaid payment. Licensed psychologists may not serve as supervisors of treatment services provided by other non-physician providers. Licensed psychologists may provide & bill for the following services:

- Psychological testing - Use CPT code 96100.
- Inpatient hospital care - Use CPT code 90841.
- Psychological testing by less than Ph.D. level non-physician providers - Use HCPCS code X0500. Licensed psychologists may supervise & submit claims for psychological testing by less than Ph.D. level non-physician providers. Identification of the individual who actually performs the testing must be recorded in the medical record.
- Summary conference with family members - Use HCPCS code X0501. Unlike family therapy, the summary conference generally involves interpretation of diagnostic testing or consultation with family & patient related to unusual events. The patient must be in attendance during the conference.
- Ambulatory/outpatient individual psychotherapy - Use HCPCS code X0504.
- Ambulatory/outpatient group psychotherapy - Use HCPCS code X0512.

Code	Narrative	Benefit	Comments
X0500	Standardized psychological testing by other provider types (below Ph.D. or Psy.D.)	Yes	Ph.D./Psy.D. psychologists use CPT 96100
X0501	Summary conference with family members (patient must be present).	Yes	Involves interpretation of diagnostic testing or consultation with family & patient related to unusual events. Client must be in attendance.
X0504	Certified Ph.D. Psychologist, Individual	Yes	
X0505	Non-certified Ph.D. Psychologist, Individual	Yes	
X0506	M.A. Psychologist, Individual	Yes	
X0507	A.C.S.W. Social Worker, Individual	Yes	
X0508	M.S. Psychiatric Nurse, Individual	Yes	
X0509	M.S.W. Social Worker, Individual	Yes	
X0512	Certified Ph.D. Psychologist, Group	Yes	
X0513	Non-certified Ph.D. Psychologist, Group	Yes	
X0514	M.A. Psychologist, Group	Yes	
X0515	A.C.S.W. Social Worker, Group	Yes	
X0516	M.S. Psychiatric Nurse, Group	Yes	
X0517	M.S.W. Social Worker, Group	Yes	

Physical Medicine

Billing information

To report physical medicine procedures, use CPT codes 97001-97004, 97010-97799. Physical therapy services performed by non-physician therapists must be ordered by & provided under the direct & personal supervision of a physician **who is on the premises at the time services are rendered**. One minimal E/M service (CPT 99211) will be allowed in addition to the physical medicine procedure codes. Services must be billed by the supervising physician & payment is made to the physician.

S9033	Gait analysis	Deleted	Deleted 12/31/00.
-------	---------------	---------	-------------------

Radiology

G0050	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound	Yes	
G0125	PET lung imaging of solitary pulmonary nodules, using 2-(fluorine-18)-Fluoro-2-Deoxy-D-Glucose (FDG), following CT (71250/71260 or 71270)	Yes	
G0126	PET lung imaging of solitary pulmonary nodules, using 2-(fluorine-18)-Fluoro-2-Deoxy-D-Glucose (FDG), following CT (71250/71260 or 71270); initial staging of pathologically diagnosed non-small cell lung cancer	Yes	
G0130	Single energy x-ray absorptiometry (SEXA) Bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	Yes	

Code	Narrative	Benefit	Comments
G0131	Computerized tomography bone mineral density study, one or more sites; axial skeleton (e.g., hips, pelvis, spine)	Yes	
G0132	Computerized tomography bone mineral density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	Yes	
G0161	Ultrasonic guidance for interstitial placement of cryosurgical probes	Deleted	Deleted 12/31/00
G0163	Positron Emission Tomography (PET), whole body, for recurrence of colorectal metastatic cancer	Yes	
G0164	Positron Emission Tomography (PET), whole body, for staging and characterization of lymphoma	Yes	
G0165	Positron Emission Tomography (PET), whole body, for recurrence of Melanoma or Melanoma metastatic cancer	Yes	
G0173	Stereotactic Radiosurgery, complete course of therapy in one session	Yes	Effective 01/01/01
G0174	Intensity Modulated Radiation Therapy (IMRT) Plan, per session	Yes	Effective 01/01/01
G0178	Intensity Modulated Radiation Therapy (IMRT) Delivery to multiple areas with treatment setup and verification images	Yes	Effective 01/01/01
G0179	Intensity Modulated Radiation Therapy (IMRT) Planning, includes dose volume histograms, inverse plan optimization, plan positional accuracy and dose verification	Yes	Effective 01/01/01
G0188	Full length radiography of lower extremity, which includes hip, knee and ankle	Yes	Effective 01/01/01
R0070	Transportation of portable X-ray equipment & personnel to home or nursing home, per trip to facility or location, one patient seen, per patient	Yes	
R0076	Transportation of portable EKG to facility or location, per patient	Yes	
A4641	Supply of radiopharmaceutical diagnostic imaging agent	Yes	
A4644	Supply of low osmolar contrast material (100-199 mgs of iodine)	Yes	
A4645	Supply of low osmolar contrast material (200-299 mgs of iodine)	Yes	
A4646	Supply of low osmolar contrast material (300-399 mgs of iodine)	Yes	
A9500	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99m Sestamibi, per dose	Yes	
A9502	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99m Tetrofosmin, per unit dose	Yes	
A9503	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99m Medronate, up to 30 mci	Yes	
A9504	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Apcitide	Yes	

Approved HCFA And Local Codes For Medicaid Billing – Practitioner Services

Code	Narrative	Benefit	Comments
A9505	Supply of radiopharmaceutical diagnostic imaging agent, Thallous Chloride TL 201, per mci	Yes	
A9507	Supply of radiopharmaceutical diagnostic imaging agent, Indium in 111 Capromab Pendetide, per dose	Yes	
A9508	Supply of radiopharmaceutical diagnostic imaging agent, Iobenguane Sulfate I-131, per 0.5 mci	Yes	Effective 01/01/01
A9510	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC99M Disofenin, per vial	Yes	Effective 01/01/01
A9605	Supply of therapeutic radiopharmaceutical, Samarium SM 153 Lexidronamm, 50 mci	Yes	
A9600	Supply of therapeutic radiopharmaceutical, Strontium-89 chloride, per mci	Yes	
A9700	Supply of injectable contrast material for use in echocardiography, per study	Yes	Effective 01/01/01
Q3001	Radioelements for Brachytherapy, any type, each	Yes	Effective 01/01/01
Q3002	Supply of radiopharmaceutical diagnostic imaging agent, Gallium GA 67, per mci	Yes	Effective 01/01/01
Q3003	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Bicisate, per unit dose	Yes	Effective 01/01/01
Q3004	Supply of radiopharmaceutical diagnostic imaging agent, Xenon XE 133, per 10 mci	Yes	Effective 01/01/01
Q3005	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Mertiatide, per mci	Yes	Effective 01/01/01
Q3006	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Glucepatate, per 5 mci	Yes	Effective 01/01/01
Q3007	Supply of radiopharmaceutical diagnostic imaging agent, Sodium Phosphate P32, per mci	Yes	Effective 01/01/01
Q3008	Supply of radiopharmaceutical diagnostic imaging agent, Indium 111-IN Pentetreotide, per 3 mci	Yes	Effective 01/01/01
Q3009	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Oxidronate, per mci	Yes	Effective 01/01/01
Q3010	Supply of radiopharmaceutical diagnostic imaging agent, Technetium TC 99M Labeled red blood cells, per mci	Yes	Effective 01/01/01
Q3011	Supply of radiopharmaceutical diagnostic imaging agent, Chromic Phosphate P32 Suspension, per mci	Yes	Effective 01/01/01
Q3012	Supply of oral radiopharmaceutical diagnostic imaging agent, Cyanocobalamin Cobalt CO57, per 0.5 mci	Yes	Effective 01/01/01
S0820	Computerized Corneal Topography, unilateral	Yes	Effective 01/01/01

Code	Narrative	Benefit	Comments
S0830	Ultrasound Pachymetry to determine corneal thickness, with interpretation and report, unilateral	Yes	Effective 01/01/01
S8001	Radiofrequency Stimulation of the Thalamus for tremor accomplished by stereotactic method, including burr holes, localizing and recording techniques and placement of the electrode(s)	Yes	Effective 01/01/01
S8080	Scintimammography (Radioimmunosциntigraphy of the breast), unilateral, including supply of radiopharmaceutical	Yes	Effective 01/01/01
S8085	Fluorine-18 Fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (non-dedicated PET scan)	Yes	Effective 01/01/01

Laboratory

Billing information

The provider who actually performs the laboratory test is the only one who is eligible to bill & receive payment. Physicians may only bill for tests actually performed in their office or clinic. Testing performed by independent laboratories or hospital outpatient laboratories must be billed by the laboratory. To receive Medicaid payment, all providers of laboratory services must be CLIA certified & Medicaid enrolled.

CPT lists tests that can be & frequently are done as groups & combinations (profiles) on automated multichannel equipment. For organ or disease oriented panels (check CPT narrative), use the appropriate code in the range 80048-80092. These tests are not to be performed or billed separately when ordered in a group/combination. Procedures must be billed with one unit of service.

In accordance with Section 1903(i)(7) of the Social Security Act, Medicaid shall not expend funds for clinical diagnostic laboratory services in excess of the amount that would be recognized under Medicare. Providers therefore may not bill the Medicaid Program for specific tests for which a claim for the same test, inclusive in a panel or multichannel test, has been or will be submitted. Reimbursement received as a result of incorrect billing is subject to recovery.

G0026	Fecal Leucocyte examination	Yes	
G0103	Prostate cancer screening, Prostate Specific Antigen test (PSA), total	Yes	
G0107	Colorectal cancer screening; fecal-occult blood test, 1-3 simultaneous determinations	Yes	Bill with 1 unit of service.
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	Yes	
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	Yes	
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	Yes	
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision	Yes	

Code	Narrative	Benefit	Comments
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and computer-assisted rescreening by cytotechnologist under physician supervision	Yes	
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	Yes	
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	Yes	
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	Yes	
P2028	Cephalin flocculation, blood	Yes	
P2029	Congo red, blood	Yes	
P2031	Hair analysis (excluding arsenic)	Yes	
P2033	Thymol turbidity, blood	Yes	
P7001	Culture, bacterial, urine; quantitative, sensitivity study	Yes	
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens	Yes	
Q0112	All potassium hydroxide (KOH) preparations	Yes	
Q0113	Pinworm examinations	Yes	
Q0114	Fern test	Yes	
Q0115	Post-coital direct, qualitative examinations of vaginal or cervical mucous	Yes	
S3620	Newborn Metabolic Screening Panel, includes test kit, postage and the following tests: hemoglobin, electrophoresis, hydroxyprogesterone, 17-D, phenalanine (PKU), and thyroxine, total	Yes	Effective 01/01/01
S3700	Bladder tumor-associated antigen test	Yes	Effective 01/01/01
S3708	Gastrointestinal fat absorption study	Yes	Effective 01/01/01
Y8085	ANA Profile, includes: ANA, Anti-DNA, Anti-SM, Anti-RPN, Anti-SSA, Anti-SSB	Yes	
Y8160	Coagulation panel	Yes	

Code	Narrative	Benefit	Comments
Anesthesia			
The following anesthesia procedures have been added for use when providers must bill for anesthesia administered for second and third degree burn excision or debridement.			
01951	Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for Total Body Surface Area (TBSA) treated during anesthesia and surgery; less than one percent total body surface area	Yes	Bill once per date of service. 1 unit = 15 minutes. Use when treatment encompasses less than 1% of total body surface area. Do not bill in conjunction with procedure codes 01952 – 01953.
01952	Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for Total Body Surface Area (TBSA) treated during anesthesia and surgery; one percent to nine percent total body surface area	Yes	Bill once per date of service. 1 unit = 15 minutes. Use when treatment encompasses 1% - 9% of total body surface area. Do not bill in conjunction with procedure code 01951. May be billed with add-on procedure 01953, when appropriate.
01953	Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for Total Body Surface Area (TBSA) treated during anesthesia and surgery; each additional nine percent total body surface area or part thereof (List separately in addition to code for primary procedure).	Yes	Bill once per date of service. 1 unit = 15 minutes. Use when treatment covers a second additional 1% - 9% of total body surface area. Do not bill in conjunction with procedure code 01951. May bill with procedure code 01952 when area being treated is 10% - 18% of total body surface area.
01953-76	Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for Total Body Surface Area (TBSA) treated during anesthesia and surgery; each additional nine percent total body surface area or part thereof (List separately in addition to code for primary procedure).	Yes	1 unit = 15 minutes. Use when treatment covers 19% or more of the total body surface area. Do not bill in conjunction with procedure code 01951. May be billed in conjunction with procedure codes 01952 and 01953, when percentage of total body area being treated is equal to or more than 19%. Bill one line, including modifier -76, for each 1% -9% in excess of the first 18%.
Integumentary			
G0025	Collagen skin test kit	Yes	
G0127	Trimming of dystrophic nails, any number	Yes	Limit to 1 unit of service.
G0168	Wound closure utilizing tissue adhesive(s) only	Yes	
G0169	Removal of devitalized tissue, without use of anesthesia (conscious sedation, local, regional, general)	Deleted	Deleted 12/31/00
G0170	Application of tissue cultured skin grafts, including bilaminar skin substitutes or neodermis, including site preparation, initial 25 sq cms	Deleted	Deleted 12/31/00
G0171	Application of tissue cultured skin grafts, including bilaminar skin substitutes or neodermis, including site preparation, each additional 25 sq cms	Deleted	Deleted 12/31/00
Q0183	Dermal tissue, of human origin, with or without other bioengineered or processed elements, but without metabolically active elements, per square centimeter	Yes	
Q0184	Dermal tissue, of human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter	Yes	

Code	Narrative	Benefit	Comments
Q0185	Dermal and epidermal tissue, of human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter	Yes	
S0630	Removal of sutures by a physician other than the physician who originally closed the wound	Yes	Effective 01/01/01
Respiratory			
S2340	Chemodervation of abductor muscle(s) of vocal cord	Yes	Effective 01/01/01
Cardiovascular, Surgical			
E0616	Implantable cardiac event recorder with memory, activator, and programmer	Yes	
G0159	Percutaneous thrombectomy and/or revision, arteriovenous fistula, autogenous or non-autogenous dialysis graft.	Deleted	Deleted 12/31/00
S2202	Echosclerotherapy	Yes	Effective 01/01/01
S2220	Thrombectomy, coronary, by mechanical means (e.g., using rheolytic catheter)	Yes	Effective 01/01/01
S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft	Yes	
S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), two coronary arterial graft	Yes	
S2207	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft	Yes	
S2208	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft	Yes	
S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using two arterial grafts and single venous graft	Yes	
Digestive, Surgical			
G0193	Endoscopic study of swallowing function (also fiberoptic endoscopic evaluation of swallowing (fees)	Yes	Effective 01/01/01
G0194	Sensory testing during endoscopic study of swallowing (add on code) referred to as fiberoptic endoscopic evaluation of swallowing with sensory testing (FEEST)	Yes	Effective 01/01/01
G0195	Clinical evaluation of swallowing function (not involving interpretation of dynamic radiological studies or endoscopic study of swallowing)	Yes	Effective 01/01/01

Code	Narrative	Benefit	Comments
G0196	Evaluation of swallowing involving swallowing of radio-opaque materials	Yes	Effective 01/01/01
Musculoskeletal			
L4350	Pneumatic ankle control splint (aircast), prefabricated, includes fitting and adjustment	Yes	
L4360	Pneumatic walking splint splint (aircast), prefabricated, includes fitting and adjustment	Yes	
L4370	Pneumatic full leg splint (aircast), prefabricated, includes fitting and adjustment	Yes	
L4380	Pneumatic knee splint (aircast), prefabricated, includes fitting and adjustment	Yes	
L8642	Hallux implant prosthesis	Yes	May be billed by ambulatory surgical center or surgeon.
S2370	Intradiscal Electrothermal Therapy, single interspace	Yes	Effective 01/01/01
S2371	Each additional interspace (List separately in addition to code for primary procedure.)	Yes	Effective 01/01/01
Urinary			
L8603	Injectable bulking agent, Collagen implant, urinary tract, 2.5 ml syringe. Includes shipping & necessary supplies.	Yes	Bill on paper. Requires a report.
L8606	Injectable bulking agent, Synthetic implant, urinary tract, 1 ml syringe. Includes shipping & necessary supplies.	Yes	Effective 01/01/01. Bill on paper. Acquisition invoice required.
P9612	Catheterization for collection of specimen, single patient, all places of service	Yes	
X5510	Koch continent ileal reservoir/urinary (method other than specified in CPT)	Yes	
Male genital			
G0160	Cryosurgical ablation of localized prostate cancer, primary treatment only (post operative irrigations and aspiration of sloughing tissue included)	Deleted	Deleted 12/31/00
X5500	Prostatectomy, suprapubic, radical potency-saving	Yes	
Female genital			
NOTE: CPT codes relating to sterilizations, abortions, and hysterectomies are subject to existing program requirements and limitations.			
X5565	Antepartum care per visit	Yes	Use when global OB billing is not appropriate. e.g., When antepartum care is rendered by more than one provider.
A4261	Cervical cap for contraceptive use	Yes	
A4560	Pessary	Deleted	Deleted 12/31/00
A4561	Pessary, rubber, any type	Yes	Effective 01/01/01
A4562	Pessary, non-rubber, any type	Yes	Effective 01/01/01
X2305	Intrauterine progesterone contraceptive	Yes	Progestasert. Report IUD insertion using CPT 58300. Bill usual and customary charge.

Code	Narrative	Benefit	Comments
J7300	Intrauterine copper contraceptive	Yes	ParaGard. Report IUD insertion using 58300. Bill usual and customary charge.
X5580	Single vaginal delivery of multiple infants	Yes	Bill in addition to OB or delivery codes.
X5585	Single cesarean delivery of multiple infants	Yes	Bill in addition to OB or delivery codes.

Ophthalmology

G0183	Destruction of localized lesion of choroid (e.g., Choroidal neovascularization); Ocular photodynamic therapy (includes intravenous infusion)	Yes	Effective 01/01/01			
G0184	Destruction of localized lesion of choroid (e.g., Choroidal neovascularization); Photocoagulation, (e.g., by laser), one or more sessions	Yes	Effective 01/01/01			
G0185	Destruction of localized lesion of choroid (e.g., Choroidal neovascularization); Transpupillary thermotherapy, one or more sessions	Yes	Effective 01/01/01			
G0186	Destruction of localized lesion of choroid (e.g., Choroidal neovascularization); Photocoagulation, feeder vessel technique, one or more sessions	Yes	Effective 01/01/01			
G0187	Destruction of macular drusen, Photocoagulation, one or more sessions	Yes	Effective 01/01/01			
V2785	Processing, preserving & transporting corneal tissue	Yes	Bill on paper. Must attach eyebank invoice to claim.			
Billing information						
When modifier –XV is used with one of the procedures listed below, it indicates that the service is related to a prior eye surgery. The use of modifier –XV with the following procedures removes all prior authorization requirements for clients age 20 and under and allows surgery-related vision services for clients age 21 and over.						
V2020-V2499	V2500-V2599	V2700-V2730	V2755- V2781	X0300-X0311	X3005	92340-92353

Prosthetics & Orthotics

Effective for service dates on or after July 1, 1998, prostheses and orthoses are a covered Medicaid benefit for the adult Medicaid population. The benefit includes such items as braces, artificial limbs, augmentative communication devices, and orthopedic shoes for diabetic clients. These items must be prescribed by the client’s physician and prior authorized before services are rendered.

Vision eyewear

Billing & benefit information. Please review this information carefully before referencing CPT. Use CPT codes only if there is no HCFA or local code to appropriately describe the service performed.

The Colorado Medicaid Program provides benefit for medically necessary ophthalmological refractions as a component of general ophthalmological services (CPT codes 92002 - 92014). There is no additional or separate benefit for procedure code 92015 when billing a general ophthalmological examination for adults or children.

Code	Narrative	Benefit	Comments
------	-----------	---------	----------

For children and adolescents, through the age of 20, determination of the refractive state only, using code 92015, is allowable as a partial vision screening. The code may not be billed with general ophthalmological examinations or other evaluation and management codes. Separate or "stand-alone" charges for refractions are not billable to Medicaid clients as non-benefit services.

Benefits for clients age 21 and over: Medically necessary eye examinations are benefits for Medicaid clients age 21 and over. Use CPT codes to submit claims for eye exams. Medically necessary glasses & contact lenses are benefits for clients over age 20 **following eye surgery only** & do not require prior authorization. Each procedure code must be billed with modifier -XV to identify surgery related eyewear.

Benefits for clients age 20 and under: The EPSDT Program provides the following vision benefits for clients age 20 and under:

- Standard eye glasses (one or two single or multifocal clear glass lenses with one standard frame). Medicaid provides payment for one standard frame.
- Glasses dispensed by an optician are a benefit when ordered by an ophthalmologist or optometrist.
- Replacement or repair of frames or lenses (standard eye glasses), not to exceed the cost of replacement.
- Contact lenses are a benefit if medically necessary & prior authorized, or when billed with modifier –XV to identify surgery-related services.
- Contact lens supplies & contact lens insurance are not benefits.
- Ocular prosthetics are a benefit if services are prior authorized. A statement of medical necessity must accompany the prior authorization request.
- There is no yearly maximum for eye exams or glasses.

Claims: Ophthalmologists, optometrists, and opticians bill on the Colorado 1500 practitioner claim format.

Lens materials: Materials must be billed using HCFA codes from this bulletin. CPT codes 92390-92396 will be denied. One unit of service represents one lens. If two lenses of the same strength are provided, complete one billing line, enter units of service as 2 & charges as the total charge for both lenses. Lenses of different strengths are billed on separate claim lines.

Lens Dispensing: A dispensing fee is allowed for each lens. Use CPT codes in the range 92340-92353. For two lenses, complete one claim line with two units of service & charges for both lenses. Frame dispensing is NOT a separate benefit.

Frames			
V2020	Frames, purchase	Yes	Includes cost of frame or replacement & dispensing fee. One unit of service represents one frame. Payment includes materials cost & dispensing fee. Also use to report frame repairs. One unit of service represents one repair. Payment includes materials & dispensing & will not exceed the allowable benefit for frame replacement. If client requests deluxe frame, costs above the Medicaid allowance may be billed to the client. Provider must discuss charges & get written agreement for payment of non-covered costs before providing additional or deluxe items. This also applies to the repair or replacement of eyeglasses.
V2025	Deluxe Optical Frame	No	See V2020

Single vision lens			
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens	Yes	
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens	Yes	
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens	Yes	

Code	Narrative	Benefit	Comments
V2103	Sphero-cylinder, single vision, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	Yes	
V2104	Sphero-cylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	Yes	
V2105	Sphero-cylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2106	Sphero-cylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	Yes	
V2107	Sphero-cylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, .12 to 2.00d cylinder, per lens	Yes	
V2108	Sphero-cylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Yes	
V2109	Sphero-cylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2110	Sphero-cylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens	Yes	
V2111	Sphero-cylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	Yes	
V2112	Sphero-cylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens	Yes	
V2113	Sphero-cylinder, single vision, plus or minus 7.25 to plus or minus 2.00d sphere, 4.25d to 6.00d cylinder, per lens	Yes	
V2114	Sphero-cylinder, single vision, sphere over plus or minus 12.00d per lens	Yes	
V2115	Lenticular (Myodisc), per lens, single vision	Yes	
V2116	Lenticular lens, non-aspheric, per lens, single vision	Yes	
V2117	Lenticular, aspheric, per lens, single vision	Yes	
V2118	Aniseikonic lens, single vision	Yes	
V2199	Not otherwise classified, single vision lens	Yes	Bill on paper. Requires report of type of single vision lens and optical lab invoice.
Bifocal lens			
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens	Yes	
V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	Yes	

Code	Narrative	Benefit	Comments
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	Yes	
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	Yes	
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	Yes	
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	Yes	
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens	Yes	
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Yes	
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	Yes	
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	Yes	
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	Yes	
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens	Yes	
V2215	Lenticular (myodisc), per lens, bifocal	Yes	
V2216	Lenticular, non-aspheric, per lens, bifocal	Yes	
V2217	Lenticular, aspheric lens, bifocal	Yes	
V2218	Aniseikonic, per lens, bifocal	Yes	
V2219	Bifocal segment width over 28 mm	Yes	
V2220	Bifocal add over 3.25d	Yes	
V2299	Specialty bifocal	Yes	Bill on paper. Requires report of type of specialty bifocal lens and optical lab invoice.
Trifocal lens			
V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens	Yes	
V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	Yes	

Code	Narrative	Benefit	Comments
V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	Yes	
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	Yes	
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens	Yes	
V2305	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2306	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	Yes	
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens	Yes	
V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Yes	
V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	Yes	
V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	Yes	
V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	Yes	
V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens	Yes	
V2315	Lenticular (Myodisc), per lens, trifocal	Yes	
V2316	Lenticular, non-aspheric, per lens, trifocal	Yes	
V2317	Lenticular, aspheric lens, trifocal	Yes	
V2318	Aniseikonic lens, trifocal	Yes	
V2319	Trifocal segment width over 28 mm	Yes	
V2320	Trifocal add over 3.25d	Yes	
V2399	Specialty trifocal	Yes	Bill on paper. Requires report of type of specialty trifocal lens and optical lab invoice.

Polycarbonate lens

X0300	Polycarbonate, single vision, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens	Yes	
-------	--	-----	--

Code	Narrative	Benefit	Comments
X0301	Polycarbonate, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	Yes	
X0302	Polycarbonate, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
X0303	Polycarbonate, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	Yes	
X0304	Polycarbonate, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, .12 to 2.00d cylinder, per lens	Yes	
X0305	Polycarbonate, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Yes	y
X0306	Polycarbonate, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
X0307	Polycarbonate, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens	Yes	
X0308	Polycarbonate, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens	Yes	
X0309	Polycarbonate, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens	Yes	
X0310	Polycarbonate, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Yes	
X0311	Polycarbonate, single vision, sphere over plus or minus 12.00d per lens	Yes	Bill on paper. Requires optical lab invoice.
Variable asphericity lens			
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens	Yes	
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens	Yes	
V2499	Variable sphericity lens, other type	Yes	Bill on paper. Requires report of other type of lens and optical lab invoice.
Contact lens			
For clients age 21 and over, medically necessary contact lenses only are a benefit following eye surgery. Providers must identify claims for vision correction services provided after surgery by entering modifier -XV with each eyewear procedure code to certify that eyewear (glasses & contact lens) materials and dispensing fees are being provided after eye surgery. Contact lenses must be prior authorized for clients age 20 and under unless provided for vision correction after surgery. Contact lens supplies are not a benefit of the Medicaid program.			
V2500	Contact lens, PMMA, spherical, per lens	Yes	Requires prior authorization for client age 20 and under.
V2501	Contact lens, PMMA, toric or prism ballast, per lens	Yes	Requires prior authorization for client age 20 and under.
V2502	Contact lens, PMMA, bifocal, per lens	Yes	Requires prior authorization for client age 20 and under. Bill on paper. Requires optical lab invoice.

Code	Narrative	Benefit	Comments
V2503	Contact lens, PMMA, color vision deficiency, per lens	Yes	Requires prior authorization for client age 20 and under. Bill on paper. Requires optical lab invoice.
V2510	Contact lens, gas permeable, spherical, per lens	Yes	Requires prior authorization for client age 20 and under.
V2511	Contact lens, gas permeable, toric, prism ballast, per lens	Yes	Requires prior authorization for client age 20 and under.
V2512	Contact lens, gas permeable, bifocal, per lens	Yes	Requires prior authorization for client age 20 and under.
V2513	Contact lens, gas permeable, extended wear, per lens	Yes	Requires prior authorization for client age 20 and under.
V2520	Contact lens, hydrophilic, spherical, per lens	Yes	Requires prior authorization for client age 20 and under.
V2521	Contact lens, hydrophilic, toric or prism ballast, per lens	Yes	Requires prior authorization for client age 20 and under.
V2522	Contact lens, hydrophilic, bifocal, per lens	Yes	Requires prior authorization for client age 20 and under.
V2523	Contact lens, hydrophilic, extended wear, per lens	Yes	Requires prior authorization for client age 20 and under.
V2530	Contact lens, scleral, per lens	Yes	Requires prior authorization for client age 20 and under.
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)	Yes	Requires prior authorization for client age 20 and under. Bill on paper. Requires optical lab invoice.
V2599	Contact lens, other type	Yes	Requires prior authorization. Bill on paper. Requires report of other type of contact lens and optical invoice.
Low vision aids			
V2600	Hand held low vision & other non-spectacle mounted aids	Yes	Requires prior authorization.
V2610	Single lens spectacle mounted low vision aids	Yes	Requires prior authorization.
V2615	Telescopic & other compound lens system, including distance vision telescopic, near vision telescopes & compound microscopic lens system	Yes	Requires prior authorization. Bill on paper. Requires optical lab invoice.
Ocular prosthetic			
Statement of medical necessity and report of the type of prosthetic eye must accompany prior authorization request.			
V2623	Prosthetic, eye, plastic, custom	Yes	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2624	Polishing/resurfacing of ocular prosthesis	Yes	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2625	Enlargement of ocular prosthesis	Yes	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2626	Reduction of ocular prosthesis	Yes	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2627	Scleral cover shell	Yes	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2628	Fabrication & fitting of ocular conformer	Yes	Requires prior authorization. Bill on paper. Requires optical lab invoice.
V2629	Prosthetic eye, other type	Yes	Requires prior authorization. Bill on paper. Requires optical lab invoice.

Code	Narrative	Benefit	Comments
Intraocular lens			
V2630	Anterior chamber intraocular lens	Yes	
V2631	Iris supported intraocular lens	Yes	
V2632	Posterior chamber intraocular lens	Yes	
L8612	Molteno valve implant	Yes	Bill on paper. Requires optical lab invoice.
Other lens service			
V2700	Balance lens, per lens	Yes	
V2710	Slab off prism, glass or plastic, per lens	Yes	
V2715	Prism, per lens	Yes	
V2718	Press-on lens, Fresnell prism, per lens	Yes	
V2730	Special base curve, glass or plastic, per lens	Yes	
V2740	Tint, plastic, rose, 1 or 2 per lens	Yes	Requires prior authorization.
V2741	Tint, plastic, other than rose, 1 or 2 per lens	Yes	Requires prior authorization.
V2742	Tint, glass, rose, 1 or 2 per lens	Yes	Requires prior authorization.
V2743	Tint, glass, other than rose, 1 or 2 per lens	Yes	Requires prior authorization.
V2744	Tint, photochromatic, per lens	Yes	Requires prior authorization.
V2750	Anti-reflective coating, per lens	Yes	Requires prior authorization. Available only for EPSDT clients (age 20 and under). Statement of medical necessity must accompany the prior authorization request. Bill on paper. Requires optical lab invoice.
V2755	U-V lens, per lens	Yes	Requires prior authorization - See note for V2750
V2770	Occluder lens, per lens	Yes	Requires prior authorization - See note for V2750
V2780	Oversize lens, per lens	Yes	Requires prior authorization. Available only for EPSDT clients.
V2781	Progressive lens, per lens	Yes	Available only for EPSDT clients. Requires prior authorization. See V2750.
V2799	Vision service, miscellaneous	Yes	Bill on paper. Requires report of miscellaneous service and optical lab invoice.

Index

Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page		
01951	38	A9503	34	G0046	30	G0174	34	J0350	7	J0713	8	J1200	10	J1565	17
01952	38	A9504	34	G0047	30	G0178	34	J0360	12	J0715	8	J1205	9	J1570	12
01953	38	A9505	35	G0050	33	G0179	34	J0380	14	J0720	8	J1212	10	J1580	12
01953-76	38	A9507	35	G0101	28	G0183	41	J0390	9	J0725	9	J1230	14	J1600	12
90378	17, 28	A9508	35	G0102	28	G0184	41	J0395	7	J0730	9	J1240	10	J1610	12
92340-92353	41	A9510	35	G0103	36	G0185	41	J0400	19	J0735	9	J1245	10	J1620	12
92390-92392	41	A9600	35	G0104	28	G0186	41	J0456	7	J0740	9	J1250	10	J1626	12
92395-92395	41	A9605	35	G0105	28	G0187	41	J0460	7	J0743	9	J1260	10	J1630	12
99070	5	A9700	35	G0106	28	G0188	34	J0470	10	J0745	9	J1320	7	J1631	12
A4212	4	E0100	4	G0107	36	G0193	39	J0475	7	J0760	9	J1325	10	J1642	12
A4220	4	E0112	4	G0120	28	G0194	39	J0476	7	J0770	9	J1327	10	J1644	12
A4221	4	E0114	4	G0121	28	G0195	39	J0500	10	J0780	17	J1330	10	J1645	9
A4222	4	E0616	39	G0122	28	G0196	40	J0510	7	J0800	9	J1362	10	J1650	10
A4230	4	E0780	4, 31	G0123	36	G0197	28	J0515	7	J0810	9	J1364	10	J1670	19
A4231	4	E0785	4	G0124	36	G0198	28	J0520	7	J0835	9	J1380	11	J1690	16
A4261	4, 40	G0004	29	G0125	33	G0199	29	J0530	16	J0850	9	J1390	11	J1700	12
A4262	4	G0005	29	G0126	33	G0200	29	J0540	16	J0895	9	J1410	11	J1710	12
A4263	4	G0006	29	G0127	38	G0201	29	J0550	16	J0900	19	J1435	11	J1720	12
A4270	4	G0007	29	G0130	33	J0120	19	J0560	16	J0945	8	J1436	11	J1730	10
A4460	4	G0015	29	G0131	34	J0130	6	J0570	16	J0970	11	J1438	11	J1739	13
A4465	4	G0016	29	G0132	34	J0150	6	J0580	16	J1000	9	J1440	11	J1742	13
A4550	4	G0025	38	G0141	36	J0151	6	J0585	8	J1020	14	J1441	11	J1745	13
A4560	4, 40	G0026	36	G0143	36	J0170	6	J0590	11	J1030	14	J1450	11	J1750	13
A4561	4, 40	G0030	29	G0144	37	J0190	8	J0600	10	J1040	14	J1452	11	J1785	13
A4562	4	G0031	29	G0145	37	J0200	6	J0610	8	J1050	14	J1455	11	J1790	10
A4565	4	G0032	29	G0147	37	J0205	6	J0620	8	J1055	14	J1460	11	J1800	17
A4570	4	G0033	29	G0148	37	J0207	6	J0630	8	J1060	19	J1470	11	J1810	10
A4580	4	G0034	29	G0159	39	J0210	14	J0635	8	J1070	19	J1480	11	J1820	13
A4590	4	G0035	29	G0160	40	J0256	6	J0640	13	J1080	19	J1490	11	J1825	13
A4614	4	G0036	29	G0161	34	J0270	6	J0670	14	J1090	18	J1500	12	J1830	13
A4641	34	G0037	30	G0163	34	J0280	6	J0690	8	J1095	10	J1510	12	J1840	13
A4644	34	G0038	30	G0164	34	J0282	7	J0694	8	J1100	10	J1520	12	J1850	13
A4645	34	G0039	30	G0165	34	J0285	7	J0695	8	J1110	10	J1530	12	J1885	13
A4646	34	G0040	30	G0166	28	J0286	7	J0696	8	J1120	6	J1540	12	J1890	8
A7003	4	G0041	30	G0168	38	J0290	7	J0697	18	J1160	10	J1550	12	J1910	13
A7004	4	G0042	30	G0169	38	J0295	7	J0698	8	J1165	16	J1560	12	J1930	17
A7006	4	G0043	30	G0170	38	J0300	7	J0702	7	J1170	12	J1561	13	J1940	11
A9500	34	G0044	30	G0171	38	J0330	18	J0704	7	J1180	10	J1562	13	J1950	13
A9502	34	G0045	30	G0173	34	J0340	15	J0710	8	J1190	10	J1563	13	J1955	13

Index

Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page		
J1956	14	J2515	16	J2995	18	J3475	14	J7625	24	J7799	27	J9209	23	L8603	40
J1960	14	J2540	16	J2996	6	J3480	16	J7627	24	J9000	22	J9211	22	L8606	40
J1970	14	J2543	16	J2997	6	J3485	20	J7628	24	J9001	22	J9212	13	L8612	48
J1980	13	J2545	25	J3000	18	J3490	20	J7629	24	J9015	21	J9213	22	L8642	40
J1990	8	J2550	17	J3010	11	J7030	27	J7630	24	J9020	21	J9214	22	M0100	28
J2000	14	J2560	16	J3030	18	J7040	27	J7631	24	J9031	21	J9215	22	M0300	26, 30
J2010	14	J2590	15	J3070	16	J7042	26	J7635	24	J9040	21	J9216	23	M0301	30
J2060	14	J2597	10	J3080	9	J7050	27	J7636	24	J9045	21	J9217	23	M0302	30
J2150	14	J2640	17	J3105	18	J7051	27	J7637	24	J9050	21	J9218	23	P2028	37
J2175	14	J2650	17	J3120	19	J7060	26	J7638	24	J9060	21	J9219	23	P2029	37
J2180	14	J2670	19	J3130	19	J7070	27	J7639	24	J9062	21	J9230	23	P2031	37
J2210	14	J2675	17	J3140	18	J7100	27	J7640	24	J9065	21	J9245	23	P2033	37
J2240	15	J2680	11	J3150	19	J7110	27	J7642	24	J9070	22	J9250	23	P7001	37
J2250	15	J2690	17	J3230	9	J7120	27	J7643	24	J9080	22	J9260	23	P9612	40
J2260	15	J2700	15	J3240	19	J7130	26	J7644	25	J9090	21	J9265	23	Q0081	27
J2270	15	J2710	15	J3245	19	J7149	26	J7645	25	J9091	21	J9266	23	Q0083	31
J2271	15	J2720	17	J3250	19	J7190	26	J7648	25	J9092	21	J9268	23	Q0084	31
J2275	15	J2725	17	J3260	19	J7191	26	J7649	25	J9093	21	J9270	23	Q0085	31
J2300	15	J2730	16	J3265	19	J7192	26	J7650	25	J9094	21	J9280	23	Q0111	37
J2310	15	J2760	16	J3270	13	J7194	26	J7651	25	J9095	21	J9290	23	Q0112	37
J2320	15	J2765	15	J3280	19	J7197	26	J7652	25	J9096	22	J9291	23	Q0113	37
J2321	15	J2770	17	J3301	19	J7198	26	J7653	25	J9097	23	J9293	23	Q0114	37
J2322	15	J2780	17	J3302	19	J7300	4, 41	J7654	25	J9100	22	J9310	17	Q0115	37
J2330	19	J2790	17	J3303	19	J7315	18	J7655	25	J9110	22	J9320	23	Q0136	20
J2350	15	J2792	17	J3305	19	J7320	13	J7658	25	J9120	22	J9340	23	Q0156	26
J2352	15	J2795	17	J3310	16	J7330	7	J7659	25	J9130	22	J9355	23	Q0157	27
J2355	15	J2800	14	J3320	18	J7501	21	J7660	25	J9140	22	J9357	23	Q0160	26
J2360	15	J2810	19	J3350	20	J7504	23	J7665	25	J9150	22	J9360	23	Q0161	26
J2370	16	J2820	17	J3360	10	J7505	23	J7668	25	J9160	22	J9370	23	Q0183	38
J2400	8	J2860	17	J3364	20	J7513	9	J7669	25	J9165	22	J9375	24	Q0184	38
J2405	15	J2910	7	J3365	13	J7516	22	J7670	25	J9170	22	J9380	24	Q0185	39
J2410	15	J2912	18	J3370	20	J7525	18	J7672	25	J9180	22	J9390	24	Q0187	26
J2430	16	J2915	18	J3390	14	J7599	20	J7675	25	J9181	22	J9999	23	Q2002	22
J2440	16	J2920	15	J3400	19	J7608	24	J7680	25	J9182	22	K0283	25	Q2003	7
J2460	15	J2930	15	J3410	13	J7610	24	J7681	26	J9185	22	L0120	4	Q2004	27
J2480	12	J2950	17	J3420	20	J7615	24	J7682	26	J9190	22	L4350	4, 40	Q2005	9
J2500	16	J2970	14	J3430	20	J7618	24	J7683	26	J9200	22	L4360	4, 40	Q2006	10
J2510	16	J2993	17	J3450	14	J7619	24	J7684	26	J9202	22	L4370	4, 40	Q2007	11
J2512	16	J2994	17	J3470	12	J7620	24	J7699	25	J9208	22	L4380	4, 40	Q2008	11

Index

Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page		
Q2009	11	Q9933	21	S0098	18	V2103	43	V2300	44	V2531	47	X0006	8	X0309	46
Q2010	12	Q9934	21	S0156	11	V2104	43	V2301	44	V2599	47	X0007	8	X0310	46
Q2011	12	Q9935	21	S0630	39	V2105	43	V2302	45	V2600	47	X0008	8	X0311	46
Q2012	16	Q9936	21	S0820	35	V2106	43	V2303	45	V2610	47	X0010	8	X0500	33
Q2013	16	Q9937	21	S0830	36	V2107	43	V2304	45	V2615	47	X0011	8	X0501	33
Q2014	18	Q9938	21	S1015	4	V2108	43	V2305	45	V2623	47	X0012	9	X0504	33
Q2015	18	Q9939	21	S1016	4	V2109	43	V2306	45	V2624	47	X0013	9	X0505	33
Q2016	18	Q9940	21	S2202	39	V2110	43	V2307	45	V2625	47	X0014	9	X0506	33
Q2017	18	R0070	34	S2205	39	V2111	43	V2308	45	V2626	47	X0015	10	X0507	33
Q2018	20	R0076	34	S2206	39	V2112	43	V2309	45	V2627	47	X0016	11	X0508	33
Q2019	7	S0009	8	S2207	39	V2113	43	V2310	45	V2628	47	X0018	13	X0509	33
Q2020	12	S0010	18	S2208	39	V2114	43	V2311	45	V2629	47, 48	X0020	14	X0512	33
Q2021	13	S0011	18	S2209	39	V2115	43	V2312	45	V2630	48	X0021	14	X0513	33
Q2022	27	S0014	18	S2220	39	V2116	43	V2313	45	V2631	48	X0022	14	X0514	33
Q3001	35	S0016	4, 6	S2340	39	V2117	43	V2314	45	V2632	48	X0023	16	X0515	33
Q3002	35	S0017	6	S2370	40	V2118	43	V2315	45	V2700	48	X0025	17	X0516	33
Q3003	35	S0020	8	S3620	37	V2199	43	V2316	45	V2700-V2730	41	X0026	17	X0517	33
Q3004	35	S0021	8	S3700	37	V2200	43	V2317	45	V2710	48	X0027	18	X1400	28
Q3005	35	S0023	9	S3708	37	V2201	43	V2318	45	V2715	48	X0028	18	X1405	28
Q3006	35	S0024	9	S3902	31	V2202	44	V2319	45	V2718	48	X0029	18	X1410	28
Q3007	35	S0028	11	S3904	31	V2203	44	V2320	45	V2730	48	X0030	18	X2265	4, 31
Q3008	35	S0029	11	S5002	27	V2204	44	V2399	45	V2740	48	X0031	18	X2305	4, 40
Q3009	35	S0030	15	S5003	27	V2205	44	V2410	46	V2741	48	X0032	19	X3005-X3005	41
Q3010	35	S0032	15	S5010	27	V2206	44	V2430	46	V2742	48	X0034	19	X5500	40
Q3011	35	S0034	15	S5011	27	V2207	44	V2499	46	V2743	48	X0035	26	X5510	40
Q3012	35	S0039	18	S5012	27	V2208	44	V2500	46	V2744	48	X0037	20	X5565	40
Q9920	20	S0040	19	S5013	27	V2209	44	V2500-V2599	41	V2750	48	X0038	20	X5580	41
Q9921	20	S0071	6	S5014	27	V2210	44	V2501	46	V2755	48	X0043	13	X5585	41
Q9922	20	S0072	6	S8001	36	V2211	44	V2502	46	V2755- V2781	41	X0045	6	Y0655	31
Q9923	20	S0073	7	S8080	36	V2212	44	V2503	47	V2770	48	X0300	45	Y5135	9
Q9924	20	S0074	8	S8085	36	V2213	44	V2510	47	V2780	48	X0300-X0311	41	Y8085	37
Q9925	20	S0077	9	S9025	31	V2214	44	V2511	47	V2781	48	X0301	46	Y8160	37
Q9926	20	S0078	11	S9033	33	V2215	44	V2512	47	V2785	41	X0302	46	Y9105	31
Q9927	20	S0080	16	V2020	42	V2216	44	V2513	47	V2799	48	X0303	46		
Q9928	20	S0081	16	V2020-V2499	41	V2217	44	V2520	47	X0001	7	X0304	46		
Q9929	20	S0085	12	V2025	42	V2218	44	V2521	47	X0002	7	X0305	46		
Q9930	20	S0086	20	V2100	42	V2219	44	V2522	47	X0003	7	X0306	46		
Q9931	21	S0090	17	V2101	42	V2220	44	V2523	47	X0004	7	X0307	46		
Q9932	21	S0096	13	V2102	42	V2299	44	V2530	47	X0005	7	X0308	46		